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1952

ADMINISTRATIVE COUNTY OF ESSEX

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1952

H. KENNETH COWAN, M.D., D.P.H.
COUNTY MEDICAL OFFICER OF HEALTH

CONTENTS

HEALTH COMMITTEE

31st December, 1952.

Established as required by the National Health Service Act, 1946—Chairman and Vice-Chairman of the Council (*ex-officio*), 34 other members of the Council and 19 other persons.

Chairman—Mrs. M. Ball

Vice-Chairman—Dr. C. Skinner

Anfilogoff, Dr. N. L.
Banthorpe, Mrs. R. F.
*Bennett, W. J., J.P.
Blackmore, C. E. S.
Bovill, Mrs. S. M.
Bredo, Mrs. M.
Bridge, H. A.
Burrell, Mrs. A. M. M.
Cochrane, Mrs. F. E.
Collingwood, Mrs. K. F.
Cooper, Mrs. C. A.
Cullen, F.
Cuthbe, K., J.P.
Fallaize, Mrs. L., J.P.
*Foster, F. S., *C.B.E.*, J.P.
Glenny, K. E. B.
Green, C. F. H.
Herridge, W. H.
Hillyer, R. A. N.
Hollis, Mrs. E. F. M.
*Leatherland, C. E., *O.B.E.*, J.P.
Lowton, Mrs. B. K.
Paige, Mrs. M. H.
Plumb, J. S.
Porter, P.
Raeburn, J.
Reardon, D.
Sargent, Mrs. D. M.
Saywood, Mrs. E. C.
Sherrell, A. R.
Smith, F. D., J.P.
Tabor, J. E., *O.B.E.*, M.A.
Tilbury, G. S., J.P.
Wilson, S. S.
Young, Major A. M., T.D., J.P.

**Ex-officio* member.

Other Members

Appointed by the County Council

Mrs. F. I. M. Husk, Burgess Villas, Tollesbury, Essex.
The Dowager Lady Rayleigh, O.B.E., Aldenham Park, Bridgnorth, Shropshire.
Mrs. H. M. Skinner, S.R.N., S.C.M., 136, Stifford Long Lane, Grays, Essex.

Nominated

H. E. Bates, *M.M.*, J.P., 40, Birch Avenue, Dovercourt, Essex.
Mrs. F. M. Cottee, J.P., 21, Castle Road, Rayleigh, Essex.
Lt.-Commander H. Denton, R.N. (Retd.), *O.B.E.*, J.P., Roydene, Main Road, Dovercourt, Essex.
Mrs. B. E. Double, 8, St. John's Road, Chelmsford, Essex.
Mrs. J. H. Engwell, 138, Ripple Road, Barking, Essex.
G. S. Flack, 19, Carnarvon Road, Leyton, London, E.10.
H. A. Girt, J.P., Torsdale, Hadleigh Road, Frinton-on-Sea, Essex.
Mrs. L. A. Irons, J.P., 64, Lynton Avenue, Collier Row, Romford, Essex.
The Lady McEntee, J.P., 57, Hillcrest Road, Walthamstow, London, E.17.
Mrs. A. E. Prendergast, J.P., 53, Western Avenue, Dagenham, Essex.
Mrs. L. M. Scott, 40, Englands Lane, Loughton, Essex.
A. J. Twigger, 5, Cavenham Gardens, Romford, Essex.
Mrs. M. L. Watts, 26, Stonehall Avenue, Ilford, Essex.
Dr. J. D. Wells, *O.B.E.*, Billericay, Essex.
Miss E. M. Western, 87, New London Road, Chelmsford, Essex.
Lt.-Colonel C. L. Wilson, *M.C.*, 46, Park Road, Chelmsford, Essex.

STAFF OF HEALTH DEPARTMENT

31st December, 1952

As printed in the Annual Report for 1951 with the following amendments :—

CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

Driver Attendants (Male)	415	430
Driver Attendants (Female)	15	
Attendants (Male)	9	15
Attendants (Female)	6	

Mental Health Service :

Duly Authorised Officers	27
Occupation Centre Assistants	20
Psychiatric Social Worker	1
Mental Welfare Visitor	1

Training Homes :

Other Nursing Staff	85*
Part II Pupils	23
Queen's Candidates	22

*Includes 27 part-time staff.

AREA STAFFS

Area Medical Officers :

*J. D. Kershaw, M.D., B.S., D.P.H. (North-East Essex), returned to duty 20–5–52 after secondment for one year with United Nations Organisation.

*Dr. W. H. Alderton reverted to normal duties as from the same date.

*I. Gordon, M.D., Ch.B., M.R.C.P., D.P.H. (Ilford) (Appointment confirmed as from 6–1–51).

Assistant County Medical Officers :

North-East Essex :

*Mary D. Rankine, M.B., Ch.B., D.P.H., R.C.P.S., M.M.S.A. (resigned 19–5–52).

Mid-Essex :

Deirdre R. Dooley, L.R.C.P. and S. (Ireland), D.C.H. (commenced 1–10–52).
J. Drummond, M.B., Ch.B., D.P.H. (commenced 24–11–52).
*Angela J. Brayn, L.R.C.P., D.A., M.R.C.S. (commenced 1–9–52).
*Lois Davis, M.B., Ch.B., D.P.H. (commenced 4–6–52).
A. R. Whitman, B.A., M.B., Ch.B. (resigned 8–8–52).

South-East Essex :

*Jean M. Troughton, L.R.C.P. and S. (commenced 1–11–52).

South Essex :

M. L. Rawal, M.B., B.S., C.P.H., D.P.H. (commenced 1–9–52).
Mary M. E. Rutter, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (commenced 13–10–52).
*Jean M. Troughton, L.R.C.P. and S. (commenced 1–11–52).

Forest :

*J. L. Patton, M.B., Ch.B., D.P.H. (resigned 29–2–52).
*J. F. Lucey, M.B., Ch.B., D.C.H., D.P.H. (commenced 18–9–52).

Dagenham :

*Georgette Crosby, M.R.C.S., L.R.C.P. (commenced 16–9–52, resigned 12–12–52).
W. B. Knapman, M.R.C.S., L.R.C.P., L.D.S. (resigned 14–6–52).
*T. N. Nauth-Misir, M.B., B.S., M.R.C.P., M.R.C.S., D.C.H. (commenced 15–9–52, resigned 3–12–52).
Elizabeth G. Summerhayes, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., C.P.H. (commenced 25–6–52, resigned 9–7–52).
Jeanne C. Lister, M.B., B.Sc. (commenced 18–2–52).

Ilford :

J. W. McConachie, M.R.C.S., L.R.C.P., D.P.H. (commenced 1–5–52).

Leyton :

Shirin Dastur, M.R.C.S., L.R.C.P. (commenced 3–3–52).

Walthamstow :

Joyce Beattie, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (commenced 22–9–52, resigned 21–12–52).
Phillippa Carter, M.B., B.S. (commenced 25–8–52).
June L. Collmann, M.B., B.S. (commenced 1–2–52).
T. T. Currie, M.B., B.S. (resigned 4–7–52).
Mary Sheppard, M.A., M.B., B.Ch., B.A.O., D.P.H. (resigned 18–1–52).

Dental Surgeons :

North-East Essex :

R. A. Tran, L.D.S., R.C.S. (commenced 1–1–52).
*A. W. J. Larkin, (Dentist) (commenced 3–3–52).
*R. Clarkson, L.D.S. (commenced 10–6–52, resigned 15–7–52).
*E. T. Clark, B.A., B.Dent.Sc. (Dublin) (commenced 11–6–52).

South-East Essex :

R. D. Rowe, L.D.S. (commenced 7–4–52, resigned 31–5–52).
H. J. Cracknell, L.D.S. (commenced 3–6–52).
*N. W. Bray, L.D.S. (commenced 5–6–52).
*A. A. Grant, B.D.S., L.D.S. (commenced 12–6–52).
R. Maxwell, L.D.S. (commenced 24–11–52).
*Norah I. H. Shannon, L.D.S. (resigned 23–12–52).

Forest :

*T. J. Benson, B.D.S. (commenced 6–10–52).
*H. C. Martin, B.D.S., L.D.S. (commenced 20–10–52).
*G. P. Morris, B.D.S. (commenced 10–9–52, resigned 17–12–52).
*D. O'Connell, B.D.S. (Dublin) (commenced 23–10–52).
*C. A. O'Sullivan, B.D.S. (resigned 3–9–52).
*C. A. Scott-Samuel, L.D.S. (commenced 17–11–52).

Barking :

R. K. Gilchrist, B.Ch.D., L.D.S. (commenced 28–4–52).

Dagenham :

*R. T. Broadway, B.D.S., L.D.S. (commenced 21–5–52, resigned 18–7–52).
T. O. Cunningham, L.D.S., R.C.S. (Ireland) (commenced 18–8–52).
*A. S. Roberts, L.D.S., R.C.S. (commenced 8–12–52).

Ilford :

Mary M. O'Connell, L.D.S., R.C.S. (Ireland) (commenced 25–2–52).
Eithne NicGrianna, B.D.S. (Ireland) (commenced 1–10–52).
*M. M. Ahluwalia, B.D.S. (Punjab), L.D.S., R.C.S. (commenced 14–10–52, resigned 31–12–52).
*A. Clark, L.D.S. (resigned 29–9–52).
*E. Sycamore, L.D.S. (commenced 14–2–52, resigned 26–9–52).
*M. Snipper, L.D.S. (resigned 18–6–52).

Leyton :

J. G. Douglas, L.D.S. (resigned 14–4–52).
Pauline T. Fuller, L.D.S. (commenced 28–4–52).

Walthamstow :

Dena Anklesaria, L.D.S. (appointed 3–4–52).
Ailsa H. Daniels, B.D.S. (Queensland) (appointed 15–12–52).

Health Visitors, Midwives, Medical Auxiliaries, etc. :

	Whole-time.	Part-time.
Health Visitors, Tuberculosis Visitors and School Nurses	196	32
Clinic Nurses	6	22
Midwives	62	2
Home Nurse Midwives	192	16
Home Nurses	36	14
Dental Attendants	35	9
Domestic Helps	81	1,511
Chiropodists	17	3
Day Nursery Matrons	31	—
Do. Nursery Nurses	90	—
Do. Wardens	27	—
Do. Nursery Students in Training	121	—
Speech Therapists	16	—
Psychiatric Social Workers	5	2
Occupational Therapist	1	—
Remedial Gymnast	1	—
Oral Hygienists	2	—

PREFACE

County Hall,
Chelmsford.

June, 1953.

To the Chairman and Members of the Health Committee.

Madam, My Ladies, Ladies and Gentlemen,

I have the honour to present my Annual Report as Medical Officer of Health of the County for the year 1952. The report differs in form from that of previous years in that a survey of the development of the health services since the Appointed Day under the National Health Service Act, 1946, is included (pages 62 to 110). The survey has been compiled at the request of the Minister of Health and is set out in the form suggested in Ministry of Health Circular 5/52.

Some comments on the survey and on other matters of interest in the report are included in this preface.

Survey of the Health Services.

The redistribution of responsibility for different parts of the health services of the country occasioned by the National Health Service Act was a major upheaval, and local authorities surrendered to other bodies many of the functions they had hitherto undertaken, some of them, like the administration of hospitals, being of a major character. Much misgiving was felt at these losses and the remnants remaining seemed to many to offer relatively little scope for the application of accumulated years of experience in the promotion of the health and wellbeing of the communities for whom they exercised the duties of local government.

Nevertheless, the local health authorities, as they were now to be designated, set to work to consolidate and develop the basic functions in their areas and to initiate and establish certain new features designed in the main to provide domiciliary medical services.

A perusal of the section of this report devoted to the survey of the health services from 1948 to 1952 will indicate the extent to which local and domiciliary services are being provided and show how developments have been made notwithstanding the difficulties of the times, both in regard to manpower and money.

The administration of the services has been so fashioned as to permit of the maximum amount of decentralisation to local committees. In a service which is essentially personal in so many of its aspects, as is the health service, local contact between those who conduct the work and those whom it is designed to benefit is desirable, the members of local committees and officers of the authority should be known to local communities, and doctors, nurses and ancillary workers must have close personal relationships with individuals and groups whom they serve. If such local contact can be allied with co-ordination of services over greater areas to avoid overlapping ; if matters of policy and planning can be dealt with on a sufficiently wide basis to ensure a reasonably even

distribution of the available resources; if the authority is large enough to provid the necessary number of specialised staff and the money, then services can b developed on a local basis but with due regard for a high standard of practice.

In the sphere of relationships between the local health authority and other ad ministrative bodies the inherent disadvantage in the National Health Service of th tripartite administration for hospitals, family doctor services and local health authoritie can only be met by close working arrangements at all levels. In the survey repor measures designed to this end are described. They include joint advisory committees exchanges of officers between hospitals and the local authority, assistance from loca authority officers to general practitioners and dissemination of information to loca doctors. There is, generally speaking, a vast amount of good-will between peopl working in different parts of the service and a desire to be helpful one to another, wit the ultimate objective of being helpful to the patient and the public. Four years experience would, however, appear to indicate that notwithstanding these palliative measures and the fund of good-will, either a long period of evolution or a drastic re-organisation is necessary to produce a smooth-running machine which can and will give in full measure the service the public needs. It is not to be inferred that after four years the system is unsound or unworkable; great developments have taken place; much progress in many directions has been made; but the travail involved is out of proportion to the advances made.

In the sphere of the local health authority one of the relatively new and important services is that of providing domestic help in the home during periods of difficulty occasioned through ill-health. As a supplement to medical and nursing services this has been of immense benefit in countless homes, relieving anxiety, providing care for children and easing the burden of domestic crises. The service is now reasonably well developed throughout the County within the limitations set by financial considerations, and a training scheme for domestic helps is in course of preparation in an attempt to provide in this important service the highest standard of assistance possible. It is true to say that this new departure has proved itself to be well worth while and is an asset to the community. Moreover, the advantages to the hospital service, in that patients who would otherwise have to be admitted to hospital can be kept at home, are considerable.

The responsibility for the provision of ambulance services is one of the additions to the work of the local health authority which has entailed the expenditure of much effort and money. The survey report shows clearly the steady increase in the work which has had to be undertaken by this service since 1948. By the end of 1952 the ambulance service was conveying to hospital an average of more than 35,300 patients a month and, notwithstanding the steady decrease in miles per patient carried, was running at the rate of 254,000 miles each month. The increased burdens on this service, with the concurrent large increases in expenditure, have been a cause of much anxious thought to members of the committee charged with its administration. Every effort has been made to increase the efficiency of the service and to ensure that by proper control of operations the utmost economy is practised, but the costs have continued to increase and the amount to be expended in the current financial year is estimated at £464,435.

Whilst there is no doubt that the bulk of the calls made upon the service are perfectly legitimate and essential, it is open to abuse, either deliberate or unconscious. If it were realised by everyone who requires to attend a hospital out-patients department that they should make their own way there unless they are physically unable to do so, and if everyone who has so far progressed with treatment as to no longer need transport to and from hospital were to refrain from using sitting case vehicles, economies could be made.

Conferences have been held between members of the local health authority and hospital management committees to try to secure economies in the use of ambulance transport, and hospital authorities, doctors and the public are exhorted to restrict its use to essential cases only.

In the field of mental health the local health authority has assumed responsibility for the prevention of mental illness and for the after-care of patients, in addition to their responsibilities for the care of mental defectives.

There is wide scope for the development of preventive and after-care services in relation to mental illness. Early ascertainment of patients with incipient mental trouble and the provision of treatment not only in out-patients departments of special hospitals but in their homes is of the greatest importance in the prevention of the onset of more serious conditions. Moreover, the patient discharged from a mental hospital will frequently require assistance in adjustment to a resumption of normal life, and skilled help will be essential for a complete return to normal. The County Council have appointed a psychiatric social worker to deal with patients in these categories and to work in co-operation with similar workers employed by certain mental hospitals. Already many patients have been dealt with successfully, and it is hoped when circumstances permit to make further appointments to the staff of the local health authority for this important purpose.

It is regrettable that the position in relation to the institutional care of mental defectives has steadily worsened over the past four years. There is now a waiting list of more than 420 patients for admission to institutions, as compared with 170 in 1948. The County Council provides domiciliary supervision for all mental defectives in the County and there are eight occupation centres where defectives may go daily for training and occupation, but this is no adequate substitute for institutional accommodation in many cases. There are numerous households where the defective child or adolescent is an intolerable burden and where only segregation in an institution will meet the case. The need for additional institutional beds for such patients is most urgent and should have a high priority in planning the use of available resources in manpower and money.

Training of the Home Nurse.

The Essex County Training Scheme continues to deal with a large number of student home nurses and pupil midwives. The arrangements made in 1951 for including all district nurses' homes in the County in the training scheme and for lectures to be given on the block system at the Lady Rayleigh Training Home have proved very successful and resulted in a self-contained County training scheme of a high standard.

There has been considerable controversy in many quarters as to the need for post-certificate training in home nursing of state registered nurses, the scope of such training, and the extent to which time should be devoted to it. The view has been expressed that it is unnecessary to give further training to a nurse who has already obtained her state registration after a full period of training in hospital, or that alternatively, if such training is necessary it should be of very short duration and that a period of six months is altogether too long. In some quarters it is held that home nursing could quite well be undertaken by state enrolled assistant nurses and that a high standard of training is unnecessary for nursing a patient in his own home.

As the question is one likely to be discussed at national level by authorities concerned in the training and work of the home nurse, it is perhaps appropriate to comment very briefly on some of the considerations involved.

There can be little doubt that if it is medically possible the patient is better nursed at home ; it will coincide with his own inclinations and will save bed accommodation in hospital. It is essential, however, that the arrangements made in the home are such as to ensure a high standard of nursing care and to provide all the help, both nursing and domestic, in the household which will be required for the comfort of the patient and the convenience of the relatives. The latter is now possible with a comprehensive domestic help service, but a high degree of nursing skill and of improvised nursing techniques are required if the comfort and care of the patient are to approximate to any marked extent to those available in hospital.

It is unnecessary to enlarge on the advantages of a wide system of good home nursing, but they include the early post-operative discharge from hospital of surgical cases, the possibility of the home nursing of patients with various forms of acute medical disorder, and adequate attention for the chronic sick. All these help to relieve overcrowded hospital wards and enable a better use to be made of available hospital resources. They can only be used, however, if the nursing skill applied in the home is of such a high order as to make for smooth recovery in acute conditions and for the maximum comfort for the chronically ill. In the case of children much anxiety both for the child and the parents is avoided if the child can, with confidence, be nursed at home, and in this sphere alone there is every reason to provide such a standard of home nursing as will enable the family doctor or pædiatrician to feel that no harm and much benefit will occur if admission to hospital can be avoided.

The approach to the question of training of the home nurse and of the skills necessary for a high standard of domiciliary nursing should be made with all these factors in mind. Is the state registered nurse fresh from hospital in a position to undertake domiciliary nursing with maximum regard to the complete welfare of the patient ? The ready answer is ' Yes, she is a trained nurse, she has had at least four years of tuition in hospital, she has nursed patients of all types under skilled supervision, she has been trained to the point that she is sufficiently skilled to be admitted to the state register '. A little further thought, however, may tend to alter this viewpoint. Nursing techniques as applied in hospital have, for their successful use, a background of specialised equipment, facilities for asepsis, a hierarchy of skilled senior nursing supervisors, buildings which in the main lend themselves to adequate and convenient nursing,

and a general atmosphere of everything being reasonably easily available for the nursing care of the patient. The trained nurse in hospital applies her skill with ease and efficiency in this environment. It becomes somewhat more difficult to do so in the overcrowded house, the slum dwelling or the caravan.

There is no reason, of course, why the trained nurse should not adapt herself by trial and error to the application of her skill in more difficult surroundings, but the facility to do so will only come with a long experience of working in different surroundings, with the minimum of equipment available, accepting full responsibility without the daily guidance of a more experienced superior, and making use of relatives for the continuous day and night care of the patient.

The problems facing the home nurse who must use available utensils—pudding basins and pie dishes as lotion bowls, saucepans for sterilisers—who must instruct relatives as to diets, drinks and the giving of medicines, who must nurse special types of patient, like the tuberculous, are such as to call for a new technique, or at least for a major alteration in the skills she has been accustomed to use in hospital.

For these and many other reasons it would appear to be not without force to suggest that a period of instruction in these practical matters will make her a more useful person in the home of the patient than if she is left to find them out for herself over a long period. Apart from the practical considerations, the skilled home nurse must have a knowledge of medico-social matters which will enable her to advise patients and relatives as to the various agencies and individuals available to assist in all the troubles which flow from illness in the household. It would not be amiss if she were also in a position to give some instruction in the prevention of disease and on domestic hygiene. Unfortunately in the past it has not been the practice to give much attention in the training of the student nurse to either preventive or social medicine, and the newly-fledged state registered nurse will have little more knowledge than the general public of either of these subjects.

The time would appear to have arrived when the whole question of the training and qualifications of home nurses should have consideration. The health visitors and midwives employed by local health authorities must, of necessity, possess special qualifications requiring periods of post-certificate study and the passing of examinations of national standard. If a high standard of domiciliary nursing is to be achieved and maintained the third partner in the public health nursing service, the home nurse, should possess qualifications obtained after an appropriate period of training enabling her to apply special skill to home nursing. If a national scheme of training and a national certificate after examination were to be established, the level of domiciliary nursing could be raised in many parts of the country and a fresh impetus given to this important branch of the profession.

Health Centres.

It is gratifying to be able to report that at the time of writing the first steps are being taken by contractors in the building of the health centre at Harold Hill, Romford. The centre will provide accommodation for four general practitioners who will work alongside the officers of the local health authority, and it is hoped it may be possible to complete and equip the building in the next twelve months.

Conclusion.

The statistics relating to rates of birth, death and infantile mortality for the year are reasonably satisfactory. There has been a slight fall in the death rate but for the first time since 1945 the infant mortality rate has increased. An analysis of all these vital statistics is included in a special section on page 22.

The various sections of the report, including the special survey, have been compiled by the senior medical officers and their respective senior administrative assistants, and technical officers have made contributions relating to their specific duties.

I would like once again to record my thanks to the Chairman and Members of the Committee for their support and to the staff for their continued loyal service during the year. A special word of appreciation is due to Dr. Stewart and Mr. Clarke, Senior Lay Administrative Assistant.

I have the honour to be,

Your obedient Servant,

County Medical Officer of Health.

SECTION I—STATISTICAL

ACREAGE, POPULATION AND SOCIAL CONDITIONS

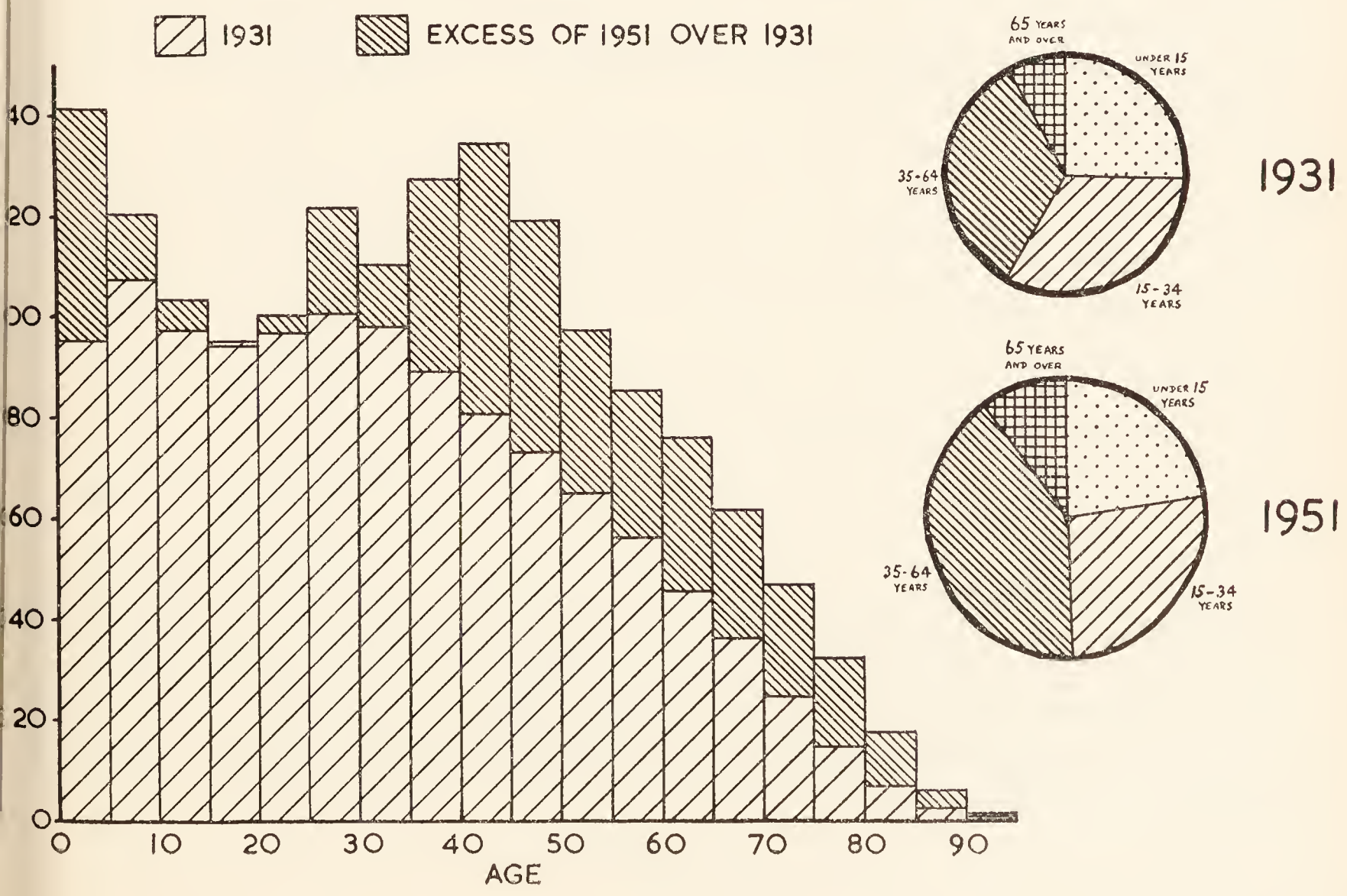
THERE were no boundary changes during 1952 and the area of the Administrative County remained at 959,463 acres. The estimated mid-year home population was 1,621,000 an increase of 20,100 over the population in 1951. The natural increase of population during the year was 7,257 and thus the balance of inward over outward migration was more than 12,000.

The acreage and estimated home population of each of the 43 county districts is given in Table I on page 120 which also gives similar figures for the aggregates of urban and rural districts and for the eleven Health Areas into which the County is divided for the day to day administration of most of the functions of the County Council as Local Health Authority.

During the year, the Registrar-General published the results of the one per cent. sample of the Census data. This innovation has enabled comprehensive figures to be made available for the country as a whole and its larger sub-divisions within a relatively short time after the taking of the Census. A number of tables are given relating to the Administrative County of Essex and a few for the County Districts of Essex with a census population of over 50,000. These figures enable an up-to-date assessment to be made of the various social factors that affect the lives of the people of Essex. The most important results are referred to below.

Age Distribution

The difference between the numbers of persons in each age group in 1951 and 1931 is well shown by the accompanying diagram. In every age group except 15–19 there



were more persons in Essex in 1951 than in 1931 and this exception, which only refers to males, is clearly due to the calls of National Service. The difference between the numbers at each age is relatively small in youth and young adult ages but in later life the increase in population has been very considerable. Over 50 per cent. of the population were 35 years of age or over in 1951 compared with 42 per cent. in 1931 and 10.4 per cent. were 65 or over compared with 7.2 per cent. in 1931. The circles in the diagram illustrate these changes.

Civil Status

A larger proportion of the population in 1951 was married. Married men comprised 54 per cent. and married women 50 per cent. of the totals for their sex. These figures represent increases of 9 per cent. and 7 per cent. respectively over the figures for 1931. A larger percentage of women was either widowed or divorced, 10 per cent. in 1951 compared with 8 per cent. in 1931, but the percentage of men in this category has remained constant at just over 3 per cent.

The proportion of the population married increased during the twenty years in practically every age group. The most notable exception was for men between 35 and 44. The 1931 group of this age would have been in their twenties at the time of the 1914–18 war and the relatively high percentage of them married may have been an aftermath of that war, perhaps connected with the depletion of their numbers through heavy casualties or with war-time marriages. The effect that the higher proportion of the population married is having on the birth-rate is discussed under that heading; on page 23.

Occupation

The population may be divided into four main groups : children, the occupied, the retired and the unoccupied (largely housewives). The numbers in these groups as given by the sample survey were :—

	Males	*Females*	*Persons*
Children (aged under 15)	185,500	180,500	366,000
Occupied (aged 15 and over)	507,500	213,400	720,900
Retired (aged 15 and over)	51,600	9,900	61,500
Unoccupied (aged 15 and over)	19,600	432,500	452,100
Total	764,200	836,300	1,600,500

Of this population, 22.9 per cent. were children, 45.0 per cent. occupied, 3.8 per cent. retired and 28.3 per cent. unoccupied. Each worker thus on average supported 1.2 other persons. The occupied population included those temporarily out of work. They numbered 7,000 males and 2,900 females, about 1.4 per cent. of the occupied population. Approximately seven-eighths of all adult males and one-third of all adult females were in employment.

The types of employment followed by the occupied population are given in the following table which shows the number in each occupation as a percentage of the whole occupied population of the same sex. Some of the smaller percentages are calculated from very small absolute figures in the sample and should be regarded as very approximate :—

Percentage employed in different groups of occupations.

	Occupation Group.	Males.	Females.
I.	Fishermen	0.1	—
II.	Agricultural, Horticultural and Forestry Occupations	6.2	1.7
III.	Mining and Quarrying Occupations	—	—
IV.	Workers in the Treatment of Non-Metalliferous Mining products (other than coal)	0.4	0.6
V.	Coal Gas and Coke makers, workers in Chemical and Allied Trades	0.7	0.1
VI.	Workers in Metal Manufacture, Engineering and Allied Trades	16.2	2.6
VII.	Textile Workers	0.2	0.7
VIII.	Tanners, etc., Leather Goods Makers, Fur Dressers	0.5	1.2
IX.	Makers of Textile Goods and Articles of Dress (not Boots and Shoes)	1.2	9.5
X.	Makers of Foods, Drinks and Tobacco	1.0	0.8
XI.	Workers in Wood, Cane and Cork	4.2	0.5
XII.	Makers of and Workers in Paper and Paperboard, Bookbinders, Printers	1.9	1.5
XIII.	Makers of Products (not elsewhere specified)	0.8	1.4
XIV.	Workers in Building and Contracting	5.9	—
XV.	Painters and Decorators	2.8	0.3
XVI.	Administrators, Directors, Managers (not elsewhere specified)	3.4	0.9
XVII.	Persons employed in Transport and Communications	11.9	2.4
XVIII.	Commercial, Finance and Insurance Occupations (excluding clerical staff)	9.9	11.2
XIX.	Professional and Technical Occupations (excluding clerical staff)	5.3	8.1
XX.	Persons employed in Defence Services	3.6	0.1
XXI.	Persons professionally engaged in Entertainments and Sport	0.4	0.4
XXII.	Persons engaged in Personal Service (including Institutions, Clubs, Hotels, etc.)	3.2	19.3
XXIII.	Clerks, Typists	8.9	27.4
XXIV.	Warehousemen, Storekeepers, Packers, Bottlers	2.5	2.6
XXV.	Stationary Engine Drivers, Crane Drivers, Tractor Drivers, etc., Stokers, etc.	1.3	—
XXVI.	Workers in Unskilled Occupations (not elsewhere specified)	6.8	6.4
XXVII.	Other and undefined Workers	0.6	0.3

When these percentages are compared with those for England and Wales, it is found that some are significantly smaller and some significantly larger. On occasions it was possible to identify more precisely the occupation concerned where details of sub-groups were given in the original table. The differences which are shown in the following table indicate the way in which social conditions in Essex differ from those in England and Wales as a whole in so far as the occupations followed measure such conditions :—

Occupations in which the percentage was significantly lower in Essex than in England and Wales.	Occupations in which the percentage was significantly higher in Essex than in England and Wales.
Males.	*Males.*
III. Mining and Quarrying Occupations	XI. Workers in Wood, Cane and Cork
VII. Textile Workers	XII. (3) Printers and Bookbinders
XX. (1) The Armed Forces	XV. Painters and Decorators
XXVI. Workers in Unskilled Occupations (not elsewhere specified)	XVII. (2) Road Transport Workers
	XVII. (3) Water Transport Workers
	XVIII. (1) Commercial Occupations
	XXIII. Clerks, Typists, etc.
Females.	*Females.*
VII. Textile Workers	IX. (1) Garment Workers
XXII. Personal Service	XIII. Makers of Products (not elsewhere specified)
	XXIII. Clerks, Typists, etc.

Two of the occupations followed by Essex men and women less frequently than in the country as a whole are not unexpected, viz., Mining and Quarrying and Textiles. It is interesting, however, to realise that there are less general labourers in Essex than elsewhere and less women employed on personal service (e.g., domestic service, office cleaning, laundry work, hairdressing and work in hotels, restaurants, etc.). The occupation group with the largest percentage excess over that for the rest of the country was " Clerks, Typists, etc." Males employed in this work comprised 8.9 per cent. of all male workers compared with the national figure of 6.0 per cent. and females comprised 27.4 per cent. of all female workers compared with the national figure of 20.5 per cent. The other occupation groups enumerated above throw an interesting sidelight on the kind of work done by a larger proportion of the population of Essex than of the country as a whole.

The sample was not large enough to allow for the publication of any worthwhile figures on occupation for even the largest County Districts in Essex but for those with a population over 50,000, figures are available of the numbers of occupied and retired males classified into each of the Registrar-General's Social Classes and from these figures the percentage allocated to groups IV and V (semi-skilled and unskilled workers) can be determined. These figures are useful as reflecting the difference in the social status in various districts and may be used to determine if such differences are related in any way to health differences, measured by any of the usual indices.

	per cent.		per cent.
Barking ..	.. 38.8	Leyton ..	.. 24.9
Chigwell ..	.. 26.7	Romford	.. 37.7
Colchester	.. 27.8	Thurrock	.. 37.7
Dagenham	.. 33.8	Walthamstow	.. 24.2
Hornchurch	.. 22.3	Wanstead and Woodford	.. 11.4
Ilford ..	.. 16.0		

The figure for the Administrative County was 25.8 per cent. and thus for the smaller towns and rural districts the figure was 27.1 per cent. (relatively high because most agricultural workers are classed to group IV).

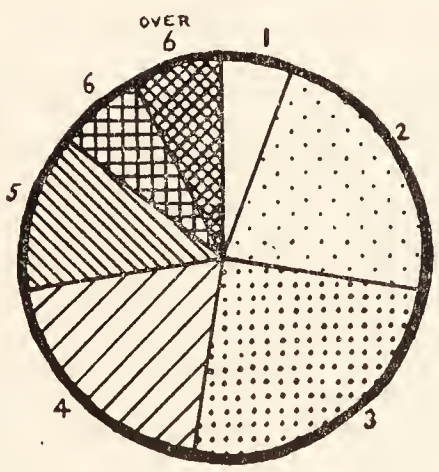
Housing

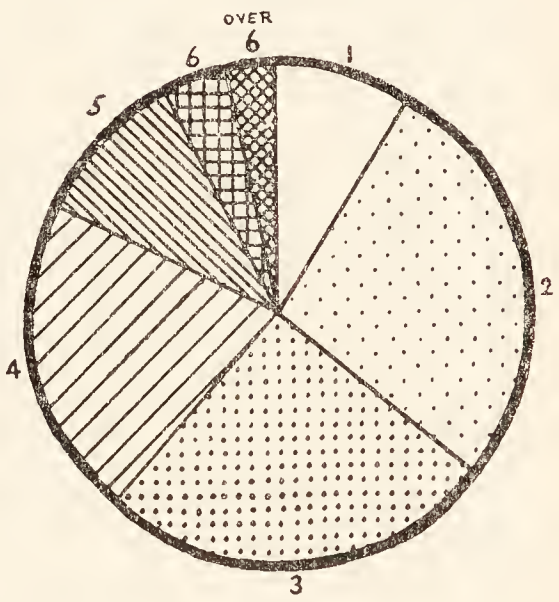
According to the 1 per cent. sample figures there were at the time of the 1951 census 439,900 occupied dwellings in the Administrative County of Essex containing 2,075,700 rooms, an average of 4.72 rooms per dwelling. In these houses there were 477,600 private households with an average of 4.35 rooms for each household. The percentage of households sharing accommodation was 1.5. At the Census of 1931, there were 280,491 occupied dwellings with 1,442,174 rooms (5.14 rooms per dwelling) and 307,888 private households with an average of 4.68 rooms per household and 1.2 per cent. of households were sharing accommodation.

There have been considerable changes in the composition of private households and in the number of rooms per dwelling as can be seen from the following diagrams.

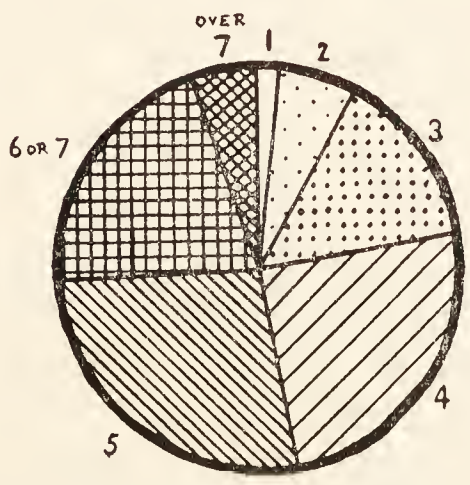
1931 1951

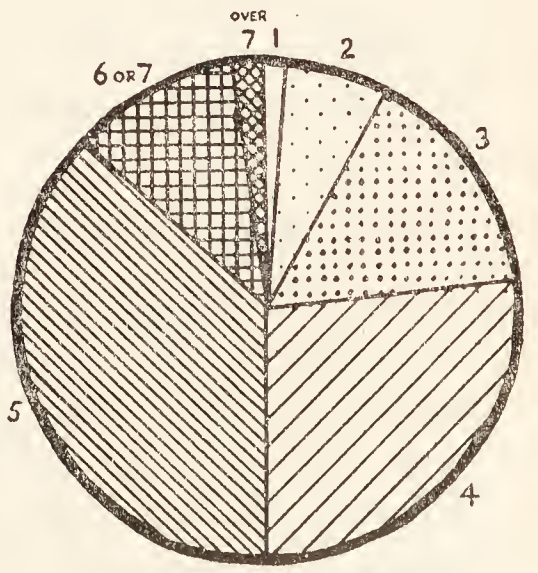
VATE HOUSEHOLDS
CCORDING TO THE
UMBER OF PERSONS
EACH HOUSEHOLD





RIVATE HOUSEHOLDS
CCORDING TO THE
BER OF ROOMS OCCUPIED
EACH HOUSEHOLD





Because of these changes figures based on households of all sizes combined are apt to be deceptive. Thus the number of persons per room in 1951 was 0.74 compared with 0.79 in 1931 but for households of every size except single person households, the number of persons per room was higher in 1951 than in 1931, the average difference being about 4 per cent. The figures are as follows :—

Persons per household		*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*Over 8*
Persons per room ..	1931	0.31	0.46	0.65	0.82	0.99	1.17	1.34	1.50	1.68
	1951	0.28	0.49	0.69	0.86	1.04	1.20	1.38	1.65	1.73

Serious overcrowding has however diminished, shown by the fact that the percentage of persons living at a density of more than two persons per room has declined from 3.7 to 1.2.

This percentage is now so small that it is no longer a useful index of overcrowding in County Districts as it is perforce based on relatively few households and large differences in the percentage do not necessarily have any statistical significance. It is suggested that the overcrowding index might in future be taken as the percentage of households or of persons living at a density of more than $1\frac{1}{2}$ persons per room. Households who will be included are those with :—

2 or more persons in 1 room
4 do. 2 rooms
5 do. 3 do.
7 do. 4 do.
8 do. 5 do. etc.

The 1 per cent. sample figures enable the percentage of households in such circumstances to be calculated for the Administrative County and for County Districts of over 50,000 inhabitants. The figure for the Administrative County was 4.0 per cent. compared with 8.6 per cent. in 1931 but for the County Districts the figures are based on too small actual numbers to be useful. The only district with a percentage significantly different from 4 per cent. was Dagenham with 8.6 per cent. The full census figures must therefore be awaited before any useful indices of housing conditions can be obtained.

In addition to those living in private households, some 68,000 (about $4\frac{1}{4}$ per cent. of the population) were living in non-private households such as hotels, hospitals, defence establishments and other " institutions ".

Household Arrangements

A new feature of the 1951 census schedule was the questions designed to give information on the number of households who were without certain sanitary arrangements or who were sharing them with another household. The items in question were : piped water, cooking stoves, kitchen sinks, water closets and fixed baths. As might be expected sharing was more common when two or more households were occupying a dwelling. The figures for the Administrative County were as follows :—

Percentage of Households	*Piped Water*	*Cooking Stove*	*Kitchen Sink*	*Water Closet*	*Fixed Bath*
Entirely without	5	1	5	9	28
Sharing—					
(*a*) Households sharing dwellings ..	67	33	39	65	54
(*b*) Other households	3	1	1	1	1
Without exclusive use	17		11	21	37

Only a few households were without a cooking stove but over a quarter of them lacked a fixed bath. Piped water was absent from 5 per cent. of households and another 12 per cent. were sharing; 5 per cent. lacked a kitchen sink and a further 6 per cent. were sharing; 9 per cent. lacked a W.C. and 12 per cent. were sharing. Sharing arrangements were uncommon except when the dwelling itself was shared. Sharing a tap and a W.C. was common in households sharing a dwelling, rather over half such households shared a bath, about a third a stove and rather more than a third a sink.

For the districts with a population of over 50,000, the percentages without exclusive use of a water closet, a fixed bath and both a stove and a sink were as follows :—

	Water Closet	*Fixed Bath*	*Both Stove and Sink*	*Percentage Sharing Dwellings*
Barking	16	33	12	15
Chigwell	3	11	1	5
Colchester	7	44	8	4
Dagenham	11	14	11	10
Hornchurch	10	14	9	11
Ilford	17	27	11	24
Leyton	27	68	10	42
Romford	12	18	10	13
Thurrock	14	34	10	13
Walthamstow	23	57	12	33
Wanstead and Woodford	12	24	7	20
Remainder of County	31	37	15	6
Administrative County	21	37	12	15

Except for Chigwell, the large towns had about the same percentage of households who were without both stove and sink but the percentage was appreciably higher

in the smaller towns and rural districts. The exclusive use of water closets and fixed baths in the large towns is clearly largely determined by the percentage of households sharing dwellings, the figures for which are given in the last column. The very large figures in Leyton and Walthamstow may be explainable in this way but it would be interesting to have figures for households who do not share, as these areas and, to a certain extent, Barking and Ilford where the figures are also high, contain some very old housing. The very high percentage of households in Colchester without a fixed bath is not explainable by the sharing of accommodation. The percentage of households without exclusive use of a water closet is seen to be much higher in the smaller towns and the rural districts than in the large towns but in the case of fixed baths these percentages are about the same.

VITAL STATISTICS

The principal vital statistics of the Administrative County, Health Areas and County Districts are given in Table I on page 120. For convenience of comparison with previous years the principal annual rates are set out below for the last four years :—

	1949	*1950*	*1951*	*1952*
Live Birth Rate per 1,000 population ..	16.0	14.7	14.6	14.5
Still Birth Rate per 1,000 total births ..	19.3	20.3	21.5	21.6
Illegitimate Birth Rate per 1,000 live births	38.9	39.2	37.6	40.0
Death Rate (all causes) per 1,000 population	10.4	10.0	10.6	10.0
Infant Mortality Rate per 1,000 live births	24.7	23.4	21.7	23.9
Infant Mortality Rate (illegitimate infants) per 1,000 illegitimate live births ..	44.3	39.2	31.8	40.0
Neonatal Mortality Rate per 1,000 live births	16.5	16.9	14.9	16.6
Maternal Mortality Rate per 1,000 total births	0.75	0.67	0.54	0.75

Live Births

The number of live births registered during the year was 23,538 which is 131 more than in 1951, giving a birth rate of 14.5 compared with 14.6 in 1951 and 14.7 in 1950. The birth rate appears to be settling down after the considerable fluctuations of the war and immediate post-war years. Its level is just about the same as in the immediate pre-war years of 1937–39 but rather lower than at the time of the 1931 census, the average for the three years 1930–32 being 16.1. The birth rate was upset at that time by selective migration into the new housing estate at Dagenham and is similarly upset at the present time by recent movements into post-war housing estates. Moreover, although these rates taken in conjunction with death rates indicate what is the proportionate increase of population (apart from migration) they do not give satisfactory information for comparing the rates at which women were having children in different periods. With the publication of the one per cent. sample figures of the 1951 Census, it is possible to throw some light on this important matter.

The birth rate varies considerably according to the age of the mother, and figures of birth rates by maternal age have been available for England and Wales for each year since 1939. The birth rates for the earliest and latest years (1939 and 1951) have been averaged to give a series of standard birth rates at each maternal age. These standard rates have been applied to the population of women at different ages in 1931 and 1951 and by this means the number of births which would have oeeurred in those years if the birth rates in the County then had been the standard rates have been determined. The ratio of the number of births whieh actually oecurred to this ' theoretical ' figure then gives a measure of the birth rates in the period relative to the standard with full allowanee for differenees in age distribution. These ratios for live births in 1930–32 and 1950–52 are as follows :—

1930–32	0.94
1950–52	1.00

showing that the ' real ' birth rate is some 6 per cent. higher than twenty years ago and not some 9 per eent. lower as would be deduced from eomparison of the ' crude ' birth rates. This is, of eourse, largely due to the faet that a much larger proportion of the population is outside the reproductive ages now than twenty years ago.

It was noted earlier that the proportion of women married has inereased appreeiably over the last twenty years and it seems likely that this is the main (if not the only) reason for the inerease in the ' standardised ' birth rate. The effeet of marriage may be eliminated by doing a similar caleulation to the one above for married women and legitimate births only, thus obtaining a eomparison of the fertility of married women in 1930–32 and 1950–52. The ratios have been ealculated for total (live and still) births to give a measure of total fertility and are as follows :—

1930–32	1.15
1950–52	0.88

Evidently the proportion married is the vital faetor in the higher birth rate since an average of some 20 per cent. less ehildren is being born to eaeh married woman now than was the case twenty years ago.

Still Births

Five hundred and twenty still births were registered during 1952 giving a still birth rate of 21.6 per 1,000 compared with 21.5 per 1,000 in 1951. The higher rate of still births noted last year has been maintained.

Illegitimacy

Illegitimate births numbered 967 of which 26 were still births, a still birth rate of 28 eompared with a rate of 21 for legitimate births. Four per cent. of the live births were illegitimate, a somewhat higher pereentage than for other years sinee 1948.

Infant Mortality

There were 563 deaths of infants under the age of one year giving an infant mortality rate of 23.9 compared with 21.7 in 1951. Of these deaths, 391 oeeurred before the age of four weeks giving a neonatal mortality rate of 16.6 compared with 14.9 in 1951. The death rate in the last eleven months of the first year also rose somewhat from 6.8 to 7.3 per 1,000 live births but the infant mortality rate of illegitimate infants fell from 31.8 to 28.7 per 1,000 live births.

The rise in the infant mortality rate is the first recorded since 1945. In 1946 and 1947 there were substantial falls and since then slight reductions each year. The still birth rate also fell sharply between 1945 and 1947 but since 1949 has increased somewhat. The trend for Rural Districts has been different from that for the remainder of the County. In the three years 1949, 1950 and 1951, the still birth rate in rural districts was substantially lower than in urban districts but in 1952 it rose sharply whereas the urban rate fell a little. The diagram on page 25 shows the trends. If we combine infant mortality and still births we obtain a measure of infant loss from three months before term to one year after birth. The trends of the index obtained by relating these losses to the number of births are also shown and it is clear that the urban rate has shown no trend up or down since 1948 and that the rural rate has fluctuated considerably at a lower level. The increase in 1952 can principally be ascribed to an increase in the rural rate but examination of the total infant loss shows that the average rural rate in the last four years was significantly less than that for the County and that no other County District or groups of similar districts has shown either a significantly higher or a significantly lower rate than the County rate.

Prematurity and Neonatal Mortality

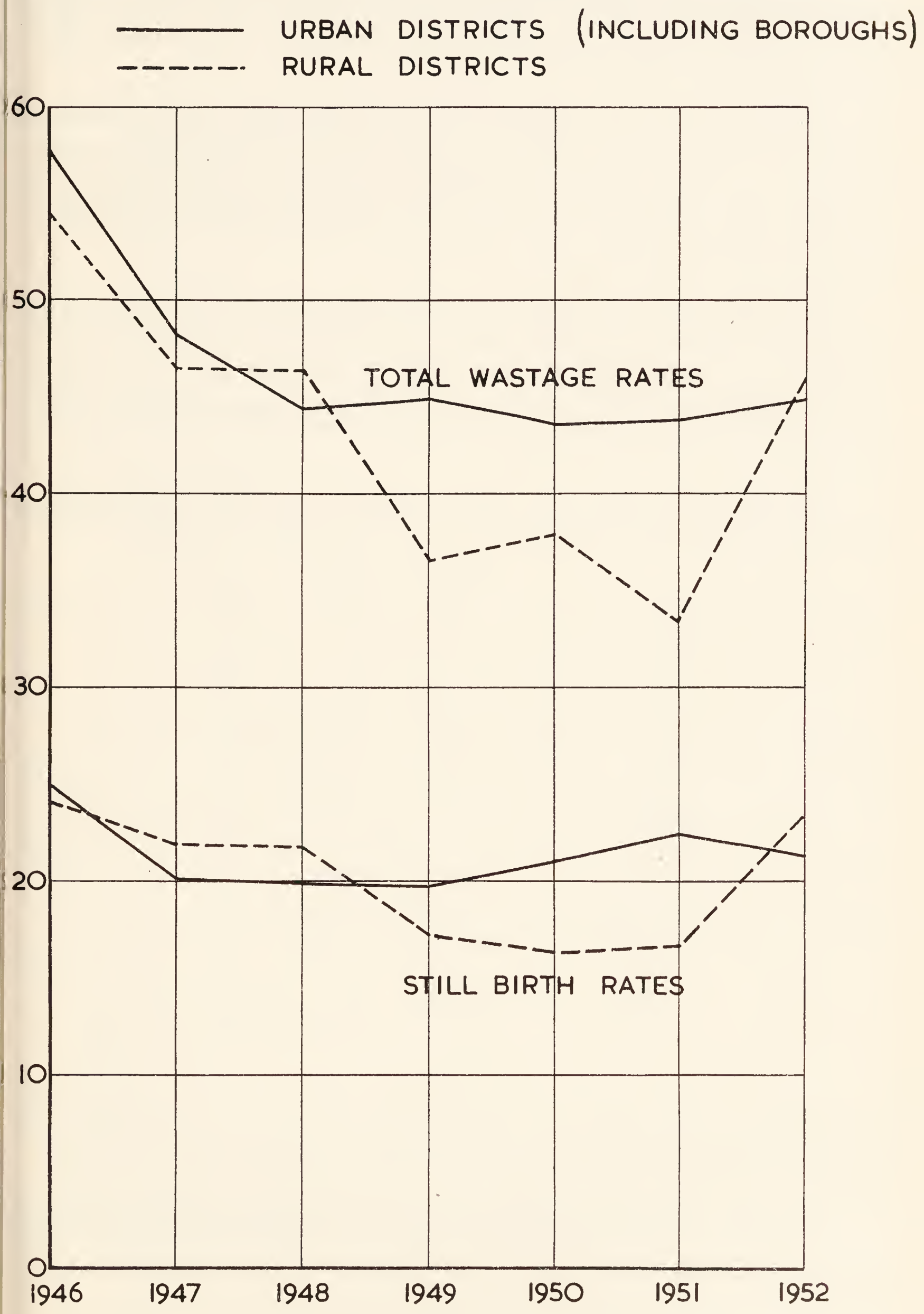
The number of premature births notified during 1952 was 1,305 compared with 1,237 in 1951. The percentage of live births weighing 5½lbs. or less was thus 5.6 compared with 5.3 in 1951. Examining the figures by quarters it is found that over the last three years there has been a distinct rise in the prematurity rate masked to some extent by a seasonal variation with the March quarters highest and the September quarters lowest. The rise has been most marked in the winter quarters, for example the rates for the December quarters of 1950, 1951 and 1952 were 5.3, 5.6 and 6.2 and for the June quarters 4.8, 5.2 and 5.2.

The following table shows the prematurity rate in each of the eleven Health Areas in 1951–52 :—

Health Area	*Registered Live Births*	*Notified Premature Live Births*	*Percentage of Births Premature*
North-East Essex	5,074	270	5.3
Mid-Essex	6,260	304	4.9
South-East Essex	3,098	186	6.0
South Essex	6,887	351	5.1
Forest	5,741	276	4.8
Romford	3,664	185	5.0
Barking..	2,270	137	6.0
Dagenham	3,437	252	7.3
Ilford	4,699	250	5.3
Leyton	2,666	179	6.7
Walthamstow	3,149	152	4.8
Administrative County	46,945	2,542	5.4

INFANT WASTAGE

HROUGH STILL BIRTHS AND INFANT MORTALITY – 1946-52



The incidence of prematurity was significantly higher in Dagenham and Leyton than in the rest of the County. The rates for other Health Areas, although varying between 4.8 and 6.0, were not significantly different from 5.1, the rate for the County less Dagenham and Leyton.

Out of the total of 391 registered neonatal deaths, details were obtained from Area Medical Officers of 345. Of these, 199 were of premature infants giving a neonatal death rate for premature infants not significantly different from those for the preceding two years. Any increase in the number of deaths of premature infants during the three years was thus caused not by an increased death rate but by the increase in prematurity referred to above.

There is little doubt that the main factor in the increased neonatal death rate was an increased death rate of mature infants. The number of such deaths in 1952 was between 146 (for which details are known) and 198 (assuming none of the deaths for which information is missing were premature) giving a neonatal death rate between 6.6 and 8.9, about the same as in 1950 and higher than in 1951 when the limits were 5.1 and 6.5.

The following table shows the number of complete days of life of the 345 infants for whom this information is available :—

	Over $5\frac{1}{2}$ lbs.	$5\frac{1}{2}$ lbs. and under	Total
Under 1 day	47	67	114
1 day	10	49	59
2 days	14	32	46
3 days	16	11	27
4 days	11	10	21
5 days	4	7	11
6 days	7	4	11
7–13 days	14	12	26
14–20 days	16	5	21
21–27 days	7	2	9
Total	146	199	345

The age distribution of the deaths of mature infants was similar to that in 1950 with appreciably more deaths in the first day and after the first week than in 1951. The age distribution of premature deaths has remained much the same in each year.

The causes of death were classified as far as the information allowed according to the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, and are tabulated on the next page according to the Intermediate List :—

Intermediate List No.		*Age at death.*			*Birth weight.*		*Total.*
		Under 1 day.	*1–6 days.*	*7–27 days.*	*Over 5½lbs.*	*5½lbs. and under*	
A127	Spina bifida and meningocele	—	2	5	7	—	7
A128	Congenital malformations of the circulatory system	4	16	9	24	5	29
A129	Other congenital malformations	6	7	7	15	5	20
A130	Birth injuries	13	33	2	32	16	48
A131	Post-natal asphyxia and atelectasis	32	41	3	29	47	76
A132	Infections of the newborn ..	1	12	20	15	18	33
A133	Hæmolytic disease of the newborn	4	7	—	6	5	11
A134	All other defined diseases of early infancy	5	5	—	2	8	10
A135	Ill-defined diseases peculiar to early infancy and immaturity unqualified	41	47	2	2	88	90
Remainder	All other causes	8	5	8	14	7	21
	All causes	114	175	56	146	199	345

Comparing these figures with those for 1951, the increase in the number of neonatal deaths is seen to be due largely to an increase from 19 to 46 in the number of deaths of infants over 5½ lbs. at birth due to congenital malformations. The number of deaths from other causes did not alter to any significant extent. The number of deaths from congenital malformations in mature infants was precisely the same as in 1950.

The number of deaths from congenital malformations in the whole of the first year is given in Table II on page 121. The figures for the last three years are as follows :—

Infant deaths due to	1950	1951	1952
Congenital Malformations ..	95	63	110
Other causes	451	444	453
All causes	546	507	453

These figures show that most of the variation in the infant mortality rate in the last three years was due to congenital malformations, infant mortality from other causes having remained fairly steady at 19.2 per 1,000 live births.

Maternal Mortality

The deaths of 18 women during the year were ascribed to disorders of pregnancy and child-birth or to abortion giving a maternal mortality rate of 0.75 per 1,000 births

compared with 13 deaths and a rate of 0.67 in 1950. The Registrar-General has noted that two deaths have been included where the interval between the maternal condition and death was stated to have exceeded 12 months.

Mortality at all ages

The general mortality rate for the Administrative County was 10.0 per 1,000, the same as in 1950 but 0.6 less than in 1951. Table III on page 122 sets out the number of deaths from various causes in the County, in County Districts and in Health Areas. The following table gives for 1950, 1951 and 1952 death rates per million of the population for some of the principal causes of death :—

Cause No.		*1950*	*1951*	*1952*
1	Tuberculosis—Respiratory	262	210	154
2	Tuberculosis—Other	26	36	19
3	Syphilitic disease	31	44	41
4–9	Other infective and parasitic diseases	40	50	34
10–14	Malignant and Lymphatic Neoplasms	1,834	1,828	1,857
16	Diabetes	70	68	74
17	Vascular lesions of the nervous system	1,198	1,276	1,299
18–20	Heart disease	3,437	3,478	3,248
22	Influenza	54	206	23
23	Pneumonia (including Neonatal Pneumonia) ..	350	545	458
24	Bronchitis	501	721	554
26	Ulcer of stomach and duodenum	120	122	122
28	Nephritis and nephrosis	112	93	106
33	Motor vehicle accidents	94	96	76
34	All other accidents	153	157	157
35	Suicide	97	95	83

The mortality rate for many of the principal causes of death was lower in 1952 than in 1951 and in some cases than in 1950. Notably low rates were registered for respiratory and non-respiratory tuberculosis, infective and parasitic diseases (other than tuberculosis and syphilis), influenza and motor vehicle accidents.

On the other hand, mortality rates from malignant and lymphatic neoplasms, diabetes and vascular lesions of the nervous system showed an upward tendency, though the increases were in no cases very large. When the figures of the number of deaths from malignant neoplasms of different sites are considered it is found that the increase in the cancer death rate was mainly due to increases of 8 per cent. in male deaths from malignant neoplasms of the lung and bronchus and of 15 per cent. in female deaths from malignant neoplasms of the breast.

The increase in the mortality rate from diabetes was entirely due to an increase in the number of deaths of females from this cause.

The decrease in the overall death rate from heart disease conceals an increase of over 200 in the number of deaths registered as coronary disease or angina pectoris which like the number of deaths from cancer of the lung and from vascular lesions of the nervous system is tending to increase year by year. It is not unlikely that some of the increase in the death rate from coronary disease and possibly some of that from cancer of the lung is due to an increasing tendency for doctors to diagnose these conditions instead of others, as the cause of death.

Mortality by age and sex

Table II on page 121 gives the number of deaths in various age groups and for each sex for the several causes of death. In 1952, there were fewer deaths than in 1951 in every age group after the age of one year and fewer than in 1950 in males between 1 and 45 and in females between 1 and 75. The contrast between the increase in the mortality of men and the decrease in the mortality of women of 45 to 75 between 1950 and 1952 is interesting. It can largely be explained by the different trends for each sex for cardiac and respiratory diseases : the number of female deaths from heart disease decreased by 190 whereas the number of male deaths increased by 28 and the increase in the number of deaths from pneumonia and bronchitis was much larger for men than for women.

Mortality now and twenty years ago

Comparison of the number of deaths and of death rates at all ages are perfectly valid methods of assessing the mortality experience of successive years when population changes may be assumed to be negligible, but in considering long term trends of mortality not only the total population but its age distribution has to be considered. The 1 per cent. sample figures from the 1951 Census provide an up to date assessment of the age distribution of the population and they are now used to compare the mortality in the period 1950–52 with that in the period 1930–32. The figures are as follows :—

Age Group	Males					Females				
	Number of Deaths		*Average Annual Death Rate per 1,000*		*1950–52 Rate as per cent. of 1930–32*	*Number of Deaths*		*Average Annual Death Rate per 1,000*		*1950–52 Rate as per cent. of 1930–32*
	1930–32	*1950–52*	*1930–32*	*1950–52*		*1930–32*	*1950–52*	*1930–32*	*1950–52*	
0–4 ..	2,304	1,138	15.6	5.3	34	1,717	835	12.1	4.0	33
5–14 ..	547	187	1.7	0.6	32	474	121	1.6	0.4	23
15–24 ..	740	310	2.6	1.1	45	613	204	2.1	0.7	31
25–44 ..	1,996	1,309	3.8	1.8	47	1,915	1,145	3.3	1.5	47
45–64 ..	4,813	6,701	13.9	12.6	91	3,740	4,582	9.8	7.6	77
65–74 ..	4,159	7,055	49.4	53.0	107	3,589	5,707	35.5	29.5	83
75 and over	4,071	8,960	137.7	137.0	99	5,409	11,023	116.6	102.1	88
Total ..	18,630	25,660	10.7	11.2	104	17,457	23,617	9.4	9.4	100

The death rate at all ages was in 1950–52 about 4½ per cent. higher than in 1930–3 for males, and for females the two rates were the same but the figures show that in eac age group for females and in each age group under 65 for men, death rates were appre ciably lower in the last three years than in the earlier period. The percentage declin was greatest among school children and considerable at all ages under 45. The se difference over the age of 65 is interesting. To attempt to explain this and the othe features of this table, the deaths in the two periods in various cause groups have bee extracted for comparison. Further difficulties arise in comparing mortality rates from specific causes due to improvements and fashions in diagnosis and to changes which have taken place in the statistical classification of stated causes of death. There hav been considerable changes in the latter during the twenty years between the censuse and it will only be possible to consider certain specially chosen groups of diseases

They are :—

(i) Tuberculosis (of all sites).
(ii) Malignant disease.
(iii) A respiratory group (pneumonia, influenza and 'other respiratory diseases')..
(iv) An infectious diseases group.
(v) Gastric and duodenal ulcers.
(vi) Maternal causes.
(vii) Violence (e.g. accidents, suicide, etc.).

Some changes have occurred in these groups but they are not considered to be very serious. Bronchitis has had to be omitted from the respiratory diseases group since there was a considerable increase in the number of deaths ascribed to bronchitis as a result of the changes in classification introduced in 1940. The infectious disease group consisted in 1930–32 of typhoid and paratyphoid fevers, measles, scarlet fever, whooping cough, diphtheria, encephalitis lethargica and cerebro-spinal fever. The group used in 1950–52 was somewhat wider and included all deaths classified to any infectious or parasitic disease except tuberculosis and syphilitic disease. The figures will thus understate the decrease in the death rate from infectious diseases.

The results are presented in the accompanying diagram. In each sex-age group the 1930–32 death rate has been taken as 100 and death rates in the group from each cause have been expressed in terms of this. There are thus in effect 14 different diagrams each showing the relative importance of the identified causes in each period for one sex-age group. To facilitate comparison between groups the death rates per 1,000 are also shown on the diagram.

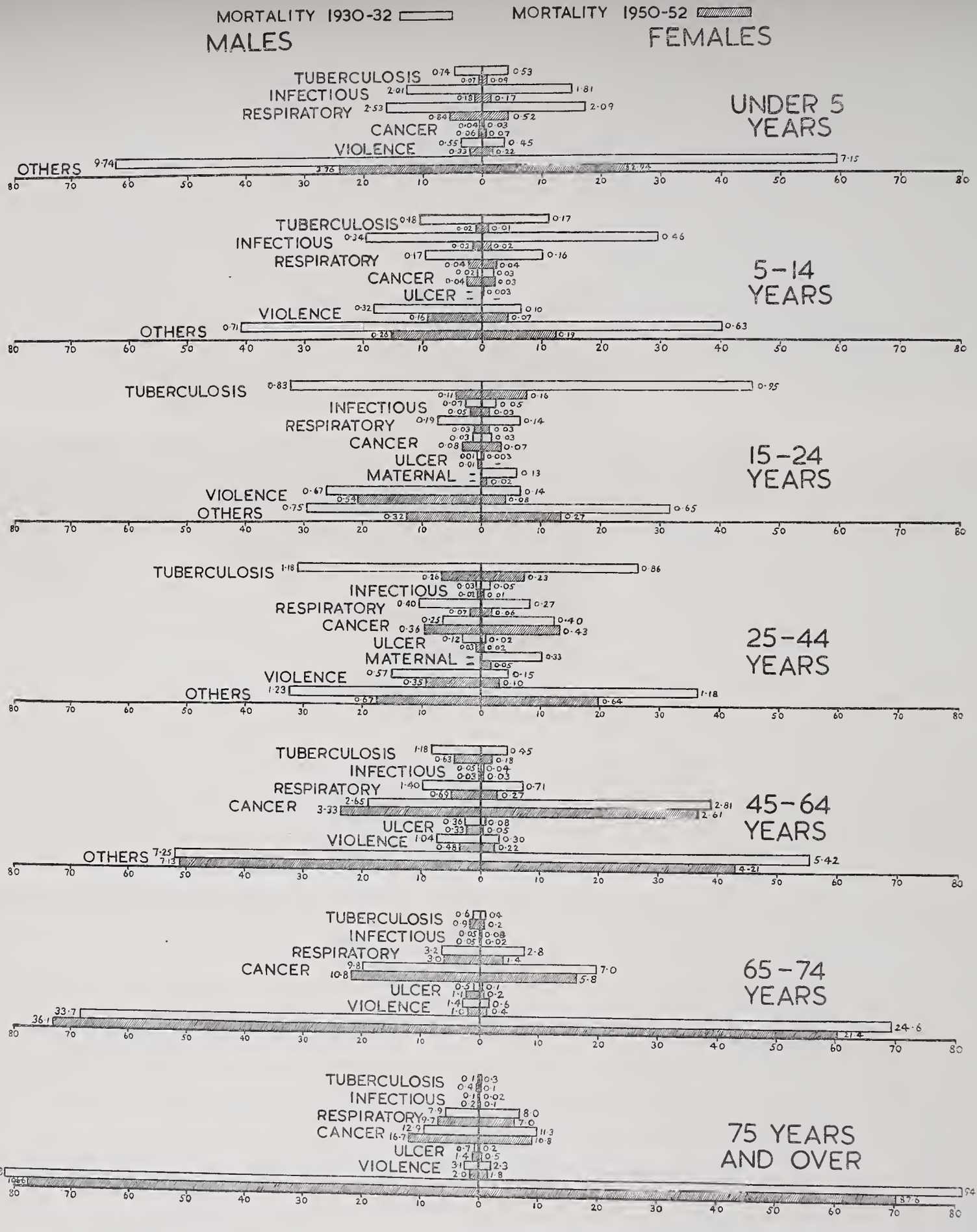
The identified causes comprised in each period more than half of the deaths between the ages of 5 and 45 and nearly half between 45 and 65 but considerably smaller proportions at more advanced ages. A large proportion of the 'other' disease group consists of degenerative diseases : heart and other circulatory diseases, vascular lesions of the nervous system, nephritis etc., so this is to be expected. This group also includes the special diseases of early infancy explaining its importance in the 0–5 group.

Death rates from tuberculosis have fallen at all ages for females and at all ages under 65 for males. Above 65, there has been some increase but tuberculosis is a relatively unimportant cause of death at this age. Under 65, the average decreases have been greater for males than for females and there is now little difference between their mortality under the age of 45.

MORTALITY FROM CERTAIN DISEASE GROUPS

A COMPARISON OF MORTALITY IN 1950-52 WITH THAT IN 1930-32

NOTES (1). TOTAL MORTALITY RATE IN EACH SEX-AGE GROUP IN 1930-32 IS TAKEN AS 100.
(2). ALL OTHER MORTALITY RATES IN GROUP ARE SHOWN IN TERMS OF THIS RATE ON HORIZONTAL SCALE.
(3). ACTUAL MORTALITY RATES (PER 1,000) ARE GIVEN NUMERICALLY.



Death rates from cancer have risen at all ages for males but for females they have declined except under the age of 45. Cancer is thus one of the diseases which have contributed to the different trends between the sexes in mortality over 65. The diagram shows that there must be others.

Death rates from the respiratory group have fallen at all ages under 75, the falls being considerable among children and young persons. Over 45, the decline in the female death rates have been greater at each age than in the male rates, thus also contributing to the sex difference at these ages.

The toll taken by infectious diseases on children has fallen to less than one tenth of its value in 1930–32 in spite of the inclusion in 1950–52 of acute poliomyelitis and some other infectious diseases. Death rates from gastric and duodenal ulcers have fallen below the age of 65 and risen above it for both sexes. Maternal mortality has declined to a sixth of its value in 1930–32.

Death rates from ' violence ' have fallen at all ages but not so fast as other causes so that it has maintained and in some cases increased its importance as a cause of death. This is especially true under the age of 45, at which ages ' accidents ' are responsible for most of the deaths in this group.

TUBERCULOSIS

Notifications

As a result of the Public Health (Tuberculosis) Regulations, 1952, the register of all tuberculous patients kept in the Central Office was discontinued during the year but Area Medical Officers have maintained a register of cases notified to them under the Tenth Schedule of the National Health Service Act, 1946 and it is from these registers and from other information obtained by them from Medical Officers of Health of County Districts, Chest Physicians and other sources that the figures for notifications have been compiled. They are bound to be affected by the change in the method of collection.

The number of formal notifications of new cases of tuberculosis during the year was 1,501. Since the numbers of new cases in the previous two years were 1,536 and 1,586, it appears that the figures this year are comparable with those for previous years but whether the reduction of 35 cases is due to a fall in the incidence of new cases of tuberculosis or to less complete information, cannot be determined.

The age distribution of the new cases was as follows :—

Primary Notifications of New Cases of Tuberculosis

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	3	6	20	17	16	71	93	202	119	103	94	43	7	794
Females ..	3	7	19	19	18	57	97	159	81	42	27	9	3	541
Non-Respiratory, Males ..	1	—	14	16	5	8	6	10	7	5	2	5	1	80
Females	1	3	5	18	6	7	11	17	6	3	4	4	1	86

In addition to the formal notifications of new cases of tuberculosis, 582 cases cam to the notice of Area Medical Officers from the sources mentioned in the followi table :—

Source of Information.	No. of Cases. Respiratory.	Non-Respiratory.
Death returned from local Registrars ..	42	2
Returns of transferable deaths from Registrar-General	17	5
Posthumous notifications	5	1
"Transfers" from other Local Health Authorities (other than transferable deaths)	368	47
Other sources	84	11
	516	66

This table shows increases in every category except posthumous notification Most of these increases can probably be ascribed to the changed method of compilation there seems to be no indication that the influx of tuberculosis cases into the Count has slackened and there may in fact have been an increase of such cases. The ag distribution of the 1952 transfers and of all other cases which came to the notice Area Medical Officers are set out below :—

Transfers from other Local Health Authorities

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	—	2	7	4	6	2	21	81	24	17	8	5	—	177
Females ..	—	—	3	7	6	12	36	83	30	8	1	3	2	191
Non-Respiratory, Males ..	—	—	2	4	6	1	2	3	1	1	—	—	—	20
Females	—	—	3	4	6	1	4	8	1	—	—	—	—	27

All other sources.

Age Period	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	All Ages
Respiratory, Males ..	—	—	3	3	3	4	2	15	5	8	12	12	3	70
Females ..	—	—	6	2	2	2	10	28	16	5	4	3	—	78
Non-Respiratory, Males ..	—	—	2	1	2	1	—	—	1	1	1	—	2	11
Females	—	—	—	1	—	—	1	2	1	1	1	—	1	8

ttack and Death Rates

The following table shows the number of primary notifications of tuberculosis nd the number of deaths attributed to the disease, together with the annual attack nd death rates in quinquennia since 1920 and for individual years since 1948 :—

Years	Respiratory Tuberculosis				Non-Respiratory Tuberculosis				Tuberculosis (All forms)			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1920–24	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	6,226	1.36	4,001	0.87
1925–29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930–34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935–39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940–44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945–49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1948	1,418	0.93	539	0.35	232	0.15	76	0.05	1,650	1.08	615	0.40
1949	1,354	0.87	522	0.34	222	0.14	58	0.04	1,576	1.01	580	0.37
1950	1,379	0.87	416	0.26	207	0.13	41	0.03	1,586	1.00	457	0.29
1951	1,353	0.85	336	0.21	183	0.11	57	0.04	1,536	0.96	393	0.25
1952	1,335	0.82	250	0.15	166	0.10	30	0.02	1,501	0.93	280	0.17

*Annual rate per 1,000 population

Attack and death rates from both forms of tuberculosis have declined. The cline in the death rate has been considerable, the rate being now less than half its lue in 1949 and about one third of its value in 1935–39. By contrast, the attack te from respiratory tuberculosis is about the same as immediately pre-war.

The following table gives the number of deaths and the death rate from tuber- losis in 1952 for each Health Area with the number of deaths and the average annual ath rate in the period 1947–51 for comparison :—

Health Area	*No. of Deaths*		*Average Annual Death Rate per 1,000 population*	
	1947–51	*1952*	*1947–51*	*1952*
North-East Essex	270	31	0.30	0.17
Mid-Essex	243	31	0.24	0.15
South-East Essex	208	15	0.41	0.14
South Essex	360	37	0.35	0.17
Forest	282	33	0.31	0.16
Romford	157	16	0.41	0.16
Barking	182	19	0.46	0.25
Dagenham	240	31	0.43	0.27
Ilford	284	21	0.31	0.12
Leyton	209	24	0.39	0.23
Walthamstow	244	22	0.40	0.18
Administrative County ..	2,679	280	0.34	0.17

The death rate in each Health Area was considerably below that in the five year period and, except in one Health Area where there has been a small and insignificant increase, the annual rate has improved in each Health Area in both of the last two years.

MORBIDITY STATISTICS

The number of new claims to sickness benefit received in the 52 weeks ended 30th December, 1952, at local offices of the Ministry of National Insurance in the Administrative County was 200,062 compared with 217,202 in 1951 and 206,188 in 1950. The incidence of new claims per 1,000 population was 124 compared with 136 in 1951 and 130 in 1950.

The higher incidence in 1951 was due to the influenza epidemic at the beginning of the year and most of the difference between the number of new claims received in 1950 and 1952 can be explained by the abnormally large number of claims received in the week ended 2nd January, 1951 (included in 1950), which marked the beginning of the epidemic.

Compared with 1950, the numbers of new claims in 1952 were higher in January and lower in February and March. The weekly number of claims was high at the end of November and the beginning of December, associated no doubt with the prevailing bad weather at that time and in the week ended 16th December, 1952, there was a sharp rise of some 1,800 claims to 6,638 followed by a fall to 4,325 the following week. This can doubtless be ascribed to the effects of the smoke laden fog which covered the London area for nearly a week early in December. This rise and fall could be seen in the figures for each of the offices in Greater London, Romford, the South and South-East Essex Health Areas and also in Chelmsford and Colchester.

SECTION II—GENERAL

STAFF

Area Medical Officers

AFTER lengthy negotiations with the Ilford Borough Council, Dr. I. Gordon, their Medical Officer of Health, was appointed Area Medical Officer for the Ilford Health Area as from 6th January, 1951, having undertaken the duties in a temporary capacity since 26th February, 1950.

On 20th May, 1952, Dr. J. D. Kershaw, Area Medical Officer for North-East Essex and Medical Officer of Health for the Borough of Colchester, returned to duty after holding a temporary appointment for one year on the staff of the Secretariat of the United Nations Organisation and Dr. W. H. Alderton, who had acted as Area Medical Officer in Dr. Kershaw's absence, returned to his normal duties.

The temporary arrangements made with the Hornchurch Urban District Council for its Medical Officer of Health, Dr. J. Gorman, to act as part-time Assistant to the Area Medical Officer of South Essex were terminated on 14th May, 1952.

Combined Medical Services

In accordance with the terms of Circular 27/51 issued by the Ministry of Health on 30th June, 1951, there was a review of the arrangements made under Section 111 of the Local Government Act, 1933, during the year 1952. Amendments made necessary by the Council's arrangements for the decentralisation of administration under Part III of the National Health Service Act, 1946, were incorporated in an Instrument of Variation dated 22nd December, 1952, with the object of securing that every Medical Officer of Health subsequently appointed for a County District in the Administrative County should be restricted by the terms of his employment from engaging in private practice as a medical practitioner. Details of the Instrument of Variation are as follows :—

PART I.

County Districts appointing with the County Council a Medical Officer of Health being also an Area Medical Officer and Divisional School Medical Officer :—

Borough of Barking
Borough of Chelmsford
Borough of Colchester (with the Port Sanitary District)
Borough of Ilford
Borough of Leyton
Borough of Walthamstow
Borough of Dagenham
Borough of Romford
Borough of Wanstead and Woodford
Urban District of Thurrock
Rural District of Rochford

PART II.

County Districts appointing with the County Council a joint Medical Officer of Health and Assistant County Medical Officer of Health :—

1. Urban District of Clacton-on-Sea
   Urban District of Frinton and Walton
   Urban District of Brightlingsea
   Rural District of Tendring
2. Urban District of West Mersea
   Urban District of Wivenhoe
   Rural District of Lexden and Winstree
3. Urban District of Braintree and Bocking
   Urban District of Witham
   Rural District of Braintree
   Rural District of Dunmow
4. Urban District of Halstead
   Rural District of Halstead
5. Borough of Saffron Walden
   Rural District of Saffron Walden
6. Urban District of Epping
   Rural District of Epping
   Rural District of Ongar
7. Borough of Chingford
8. Urban District of Chigwell
   Urban District of Waltham Holy Cross
9. Urban District of Billericay
10. Urban District of Brentwood
11. Urban District of Benfleet
    Urban District of Canvey Island
    Urban District of Rayleigh
12. Urban District of Hornchurch
13. Borough of Harwich
    Harwich Port Sanitary District
14. Borough of Maldon
    Maldon Port Sanitary District
    Urban District of Burnham-on-Crouch
    Rural District of Chelmsford
    Rural District of Maldon

Epping and Ongar District. On 29th February, 1952, Dr. J. L. Patton resigned his appointments as Medical Officer of Health for the Epping Urban District and the Epping and Ongar Rural Districts and Assistant County Medical Officer and was succeeded by Dr. J. F. Lucey on 18th September, 1952. During the interim period, Dr. J. L. Miller Wood, a Senior Medical Officer on the staff of the Central Office, acted as Medical Officer of Health to the three County Districts.

Assistant County Medical Officers

The establishment of Assistant County Medical Officers was increased from 52 to 54 whole-time posts.

Dental Officers

There was some further improvement in the recruitment of dental officers and at the end of the year the equivalent of nearly 37 whole-time staff was employed—an increase of 13 over the twelve months.

In an endeavour to attract still more dental officers to take up employment, increased remuneration for part-time services was recently approved by the County Council.

Other Staff

The dearth of qualified health visitors continued and there were 30 vacancies on the establishment on 31st December, 1952—the same number as at the close of the previous year. In order to maintain some of the services, it was necessary to continue to employ a number of trained nurses who did not possess the Health Visitors Certificate of the Royal Sanitary Institute to undertake duties at clinics.

Generally speaking, the recruitment of domiciliary nursing staff (midwives and home nurses) presented no major difficulties.

Arrangements were made for 72 health visitors, midwives, home nurses and home-nurse midwives to attend post-certificate refresher courses sponsored by the Women Public Health Officers' Association, the Royal College of Nursing, the Royal College of Midwives and the Queen's Institute of District Nursing.

The Physiotherapists and Orthoptists, who had continued in the employ of the County Council since 5th July, 1948 under an arrangement with the North-East Metropolitan Regional Hospital Board, were transferred to the direct employment of Hospital Management Committees during the year under review.

Three posts of Occupational Therapist were created during the year in order to provide for the instruction in diversional pursuits of selected tuberculous patients in their own homes. Only one post was filled, and Miss Z. E. Mercer commenced duties in the Barking and Dagenham Health Areas on 6th November, 1952.

TRANSPORT FOR STAFF

The arrangements for the provision of motor transport for approved members of the staff—details of which have been given in previous reports—continued without alteration. A comprehensive review was undertaken during the year as a result of which some economies were introduced by the sharing of County cars and the greater use of public transport.

Two hundred and forty-eight cars belonging to the County Council were allocated to members of the staff of the Health Department as at 31st December, 1952, the same number as on the last day of the previous year. The supply of vehicles improved during the year, no fewer than 33 new 8 h.p. cars being delivered and as a result there was no waiting list to bring forward to 1953.

In addition to the above, 221 officers employed in the Council's Health Service were authorised at the end of 1952 to use their privately-owned cars, motor cycles, etc. in connection with their work : this was an increase of 14 during the year. The total number of staff provided with motor transport was therefore 469 as compared with 455 twelve months previously.

SITES AND BUILDINGS

Health Centres

Information regarding the steps taken to provide health centres will be found on page 77.

Clinics

Three more prefabricated clinic buildings, similar to the premises provided on the London County Council's Hainault housing estate, particulars of which were given in my last Report (including a plan of the layout and three photographs), were completed and opened during 1952 as follows :—

(i) Loughton Hall London County Council housing estate (Forest Health Area)—opened 12th May, 1952.

(ii) Friday Hill London County Council housing estate (Forest Health Area)—opened 23rd June, 1952.

(iii) South Hornchurch (South Essex Health Area)—opened 1st July, 1952.

Following upon the opening of the new premises at Loughton Hall, the two houses at Nos. 29 and 31, Rochford Avenue used as temporary clinic premises were handed back to the London County Council for housing purposes.

Preliminary sketch plans for the provision of small clinics at Aveley and Upminster (South Essex Health Area) and at Great Wakering (South-East Essex Health Area) have been forwarded to the Ministry of Health. Particulars of these three new premises were included in the Capital Building Programmes for 1951–52 and 1952–53, the estimated cost in each case being approximately £7,200, with an additional £1,200 for a dental suite where provided. The necessary steps are being taken to acquire a suitable site in each case.

Negotiations with the North-East Metropolitan Regional Hospital Board in connection with the preparation of a scheme for the adaptation of the former Relief Office at 58, New Street, Dunmow (Mid-Essex Health Area), for clinic purposes were taken a stage further in December, 1952 when the Board indicated their requirements and the project—estimated to cost about £4,250—was submitted to the Ministry of Health early in 1953.

Little progress was made in preparing a detailed scheme for the erection of a new clinic in Oxlow Lane, Dagenham.

Day Nurseries

It was possible to accept a tender of approximately £12,000 in December for the erection of a Day Nursery (50 places) in Diban Avenue, Hornchurch (South Essex Health Area) to replace the one in North Street, Hornchurch, which was closed in

July, 1951, because of the bad structural condition of the building and the difficulties involved in reducing the risks in the event of fire. Building commenced in February, 1953.

The negotiations were continued for the purchase of the requisitioned house accommodating the Day Nursery in London Road, West Thurrock (South Essex Health Area) and a scheme is being prepared to carry out certain adaptations to the property as soon as it has been acquired.

Office Accommodation

Details of the proposal to extend the Health Area Offices at 153, High Street, Rayleigh (South-East Essex Health Area) at an estimated cost of approximately £2,250 were submitted to the Ministry of Housing and Local Government, and approval in principle to the scheme has recently been received, but that Ministry have intimated that they are unable to approve a similar project for an extension of the Health Area Offices at 34, Cresthill Avenue, Grays (South Essex Health Area) at an estimated cost of £3,500.

Housing Accommodation for Staff

Work was commenced on building two flats for nursing staff at Langdon Hills and also at Thundersley and the erection of single bungalows at Tiptree and Boxted was also started. Schemes for providing two flats at Ashingdon and a bungalow at Brightlingsea were well advanced by the end of the year.

Capital Building Programme

A provisional Building Programme for the financial year 1953–54 amounting to approximately £330,000 was submitted to the Minister of Health in November, 1952, as follows :—

Provision of—

(*a*) Clinic premises at Brentwood, Colchester, Corringham, Grays, Harwich, Ilford, Loughton and Manningtree.
(*b*) Housing accommodation for nursing staff at Braintree and Manuden.
(*c*) Day Nurseries at Barking (2), Leyton, Romford (2), and South Hornchurch.
(*d*) Ambulance Stations at Basildon, Chelmsford, Dovercourt, Epping, Harlow and Maldon.

Extensions to—

(*e*) Nurses' Training Home at 17 and 19, Carisbrooke Road, Walthamstow.
(*f*) Day Nursery at Chelmsford.

Alterations and additions to—

(*g*) Upney Clinic, Barking.

Town and Country Planning Act, 1947

By 31st December, 1952, the County Planning Committee had, at the request of the Health Committee, allocated 26 sites in the County Development Plan for Health Services purposes, in addition to recording the need for similar unspecified sites in 88 localities.

MEDICAL EXAMINATIONS

The number of staff medical examinations carried out in 1952 was 2,374 : althoug this was a decrease of 277 on the previous year, the volume of work undertaken wa well above the average.

Included in the total of 2,374 were 195 Entrants to Courses of Training for Teachin and to the Teaching Profession examined in accordance with the revised arrangemen set out in Ministry of Education Circular 249, dated 28th March, 1952, and 387 unde taken on behalf of other local authorities.

LABORATORY SERVICE

During the year, the use of the laboratory facilities provided by the Institute o Agriculture, Writtle, was discontinued, and samples of designated milk for the pre scribed tests taken by officers of the Department are now submitted to the Public Healt Laboratory, Southend-on-Sea. This arrangement is not entirely satisfactory owin to the necessity for transporting most of the samples by omnibus from Chelmsfor but it is the best which can be made under existing circumstances. Arrangement were made for County District Councils previously using the laboratory facilities a the Institute of Agriculture to send their samples to one of the following :—

Public Health Laboratory, Cambridge
Counties Public Health Laboratories, London
Public Health Laboratory, Ipswich
Public Health Laboratory, Southend-on-Sea

Apart from this change and the change mentioned in the report for 1951 in respec of arrangements for the biological examination of samples of milk, the laborator services in the County are as given in the annual report for 1949.

The Supplementary Laboratory Service provided by agreement with the Countie Public Health Laboratories was continued during the year.

The following is a summary of the samples examined by the different laboratorie during 1952 :—

	Number of Samples Examined by		
	Essex Institute of Agriculture Laboratory	*Public Health Laboratory Service*	*Counties Public Health Laboratories*
Milk	715	1,136	827*
Water	—	575	719
Sewage	—	1	406
Ice Cream*	—	658	1,463
Other Foods*	—	57	10
Total	715	2,427	3,425

*Taken mostly by Sanitary Inspectors of County Districts.

MILK SUPPLY

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The County Council is responsible for the licensing and supervision of milk pasteurisation and sterilisation establishments in that part of the County for which it is the Food and Drugs Authority. At the end of the year 1952, there were 15 pasteurising plants licensed, and these may deal with over 20,000 gallons of milk each day. The number of visits to pasteurising plants made during the year was 721 and routine samples of milk were obtained as follows :—

Phosphatase Test—	
Number Submitted	764
Number Failed	8
Methylene Blue Reduction Test—	
Number Submitted	765
Number Failed	13

Unsatisfactory reports were investigated immediately and reported to the Ministry of Food.

During the year two new holder type pasteurising plants were licensed and five existing plants were reconstructed and modernised.

Samples of empty milk bottles were taken from bottle washing machines from time to time in order to check the efficiency of the washing process.

Milk (Special Designations) (Specified Areas) Order, 1951

This order applies to the portion of the County of Essex comprising the Boroughs of Barking, Chingford, Dagenham, Ilford, Leyton, Walthamstow, Wanstead and Woodford and the Urban Districts of Chigwell and Waltham Holy Cross. Under its provisions no milk may be sold by retail within these areas which is not designated milk, i.e. sterilised milk, pasteurised milk, tuberculin tested milk or accredited milk from a single herd.

The order is enforceable by the County Council as the Food and Drugs Authority in the Urban Districts of Chigwell and Waltham Holy Cross. One dairyman was infringing the provisions of the order at the beginning of the year. After several warnings he transferred to the sale of pasteurised milk and so complied with the order.

Enquiries have indicated that the designated milk supplies in several other districts of Essex are, with minor exceptions, sufficient to enable further areas of the County to be designated under a similar order without any serious difficulty, and it is understood that the Ministry of Food are giving this matter consideration.

Biological Sampling

Apart from school milks the general policy of taking two samples of milk for biological examination each year from each retailer of accredited or ordinary raw milk and one sample each year from each producer of such raw milks was continued. In addition a few samples of milk are taken for biological examination from tuberculin tested milk supplies. A summary of the results obtained from the samples submitted is as follows :—

Biological Examinations—

	1952.	1951.
No. of reports received	485	.. 310
No. inconclusive	14	.. 17
No. free from tubercle bacilli ..	460	.. 288
No. containing tubercle bacilli ..	11 (2.3%)	.. 5 (1.6%)

Of the samples found to contain tubercle bacilli five were in respect of ungrade four accredited, one tuberculin tested and one mixed milk supplies. Every su result was reported to the Divisional Inspector of the Ministry of Agriculture a Fisheries or other appropriate authority. Three tuberculous cows were removed fro herds as a result of investigations which were carried out.

From this it will be observed that there has been an increase over the 1951 figur in the percentage of samples reported to contain tubercle bacilli, but this is mo probably due to a concentration of the sampling upon the potentially dangerous mi supplies.

The Public Health Laboratories to which the samples of milk are submitted f biological examination also carry out an examination for the presence of brucel organisms, and during the year twenty-seven samples were reported to be "brucel positive." The Medical Officers of Health of County District Councils are informe of the results of all samples found to be positive for tubercle bacilli and brucella, order that they may take such action as is appropriate in accordance with the provisio of paragraph 20, Part VII, Milk and Dairies Regulations, 1949.

Milk in Schools Scheme

Milk supplies to schools were kept under review during the year, with a samplin objective of one from each school supplier each term. All milk supplied to schoo was either tuberculin tested or pasteurised. Every sample of tuberculin tested mil was submitted to bacteriological and biological examinations and every sample c pasteurised milk to the phosphatase and methylene blue reduction tests. On biological examination of pasteurised milk from each school supplier was carried ou during the year, the result being negative in each case. The following samples wer taken by the Health Department for examination with the results shown :—

(a) *Biological Examination—*

No. of reports received	145
No. inconclusive	2
No. free from tubercle bacilli	143
No. containing tubercle bacilli	—

(b) *Bacteriological Examination—*

No. of samples taken	428
No. of inconclusive reports	2
No. satisfactory	402
No. which failed to pass the prescribed tests ..	24 (5.6%)

Many of the unsatisfactory samples were taken in the process of following up previous unsatisfactory results. The number of unsatisfactory results is not, therefore, only a

ndication of the number of unsatisfactory supplies. Where necessary, advice was given egarding improvements in methods of handling the milk, or a change of supplier was dvised. At the end of the year all school milk supplies were satisfactory.

ounty Residential Establishments

Sampling of milk supplied to the Council's residential establishments was dealt ith on the basis outlined above. In practice very few additional samples need to be aken to include such establishments in the milk sampling arrangements.

Action was necessary to improve the milk supplied in respect to three establishents during the year.

e Cream

The arrangements for the examination of samples of ice cream have been conued on the lines indicated in the Report for 1951. The following is a summary of e results obtained in connection with samples of ice cream taken during the year aded in accordance with the provisional grading scheme of the Ministry of Health :—

		Per cent.
Grade 1	1,243 ..	67.0
Grade 2	407 ..	22.0
Grade 3	145 ..	7.8
Grade 4	60 ..	3.2
Total	1,855 ..	100.0

addition to the above samples 266 samples of ice lollies were examined during the ar.

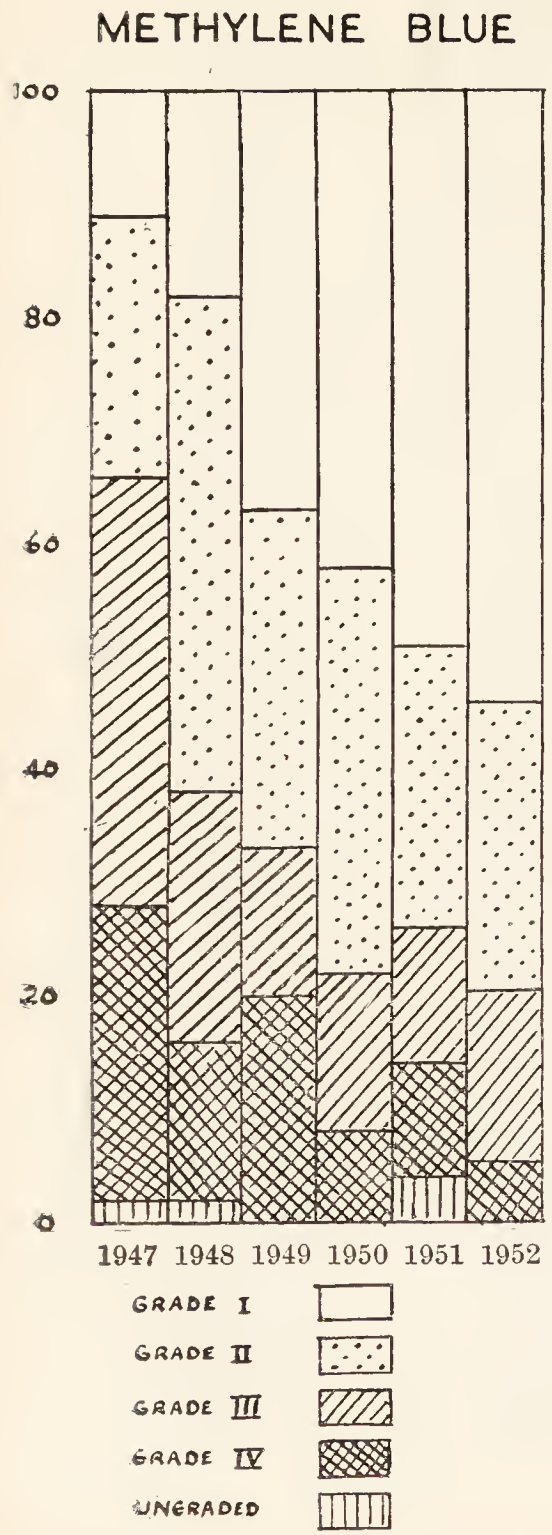
As well as grading the ice cream in accordance with the Ministry of Health prosional grades, the Counties Public Health Laboratories carried out a plate count, coliform bacteria test and a bact. coli test. The graphs on page 45 illustrate the ationship between the various tests and the improvement in the cleanliness of ice am which has taken place since the Ice Cream (Heat Treatment, etc.), Regulations, 47 came into operation. It is hoped during the coming year to carry out a statistical amination of the very large number of results (over 8,000) of ice cream samples which ve been submitted to all these tests, in order to compare the relative merits of the ts and ascertain whether it is possible to establish a bacteriological standard for ice am.

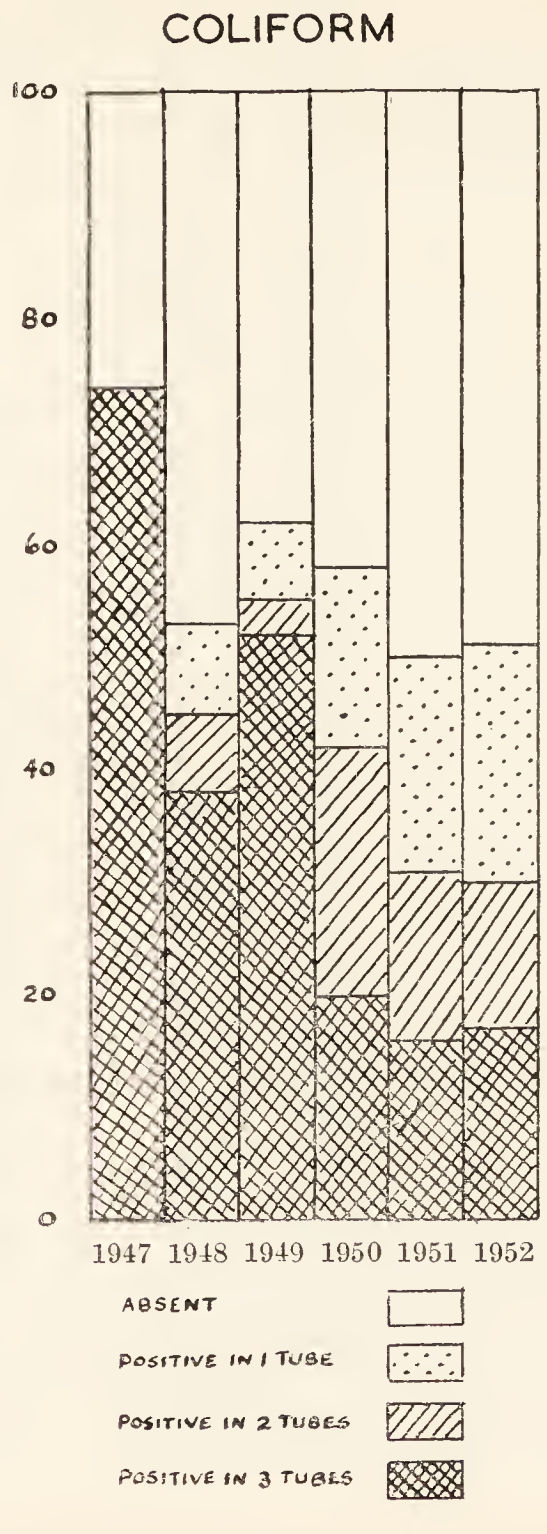
FOOD AND DRUGS

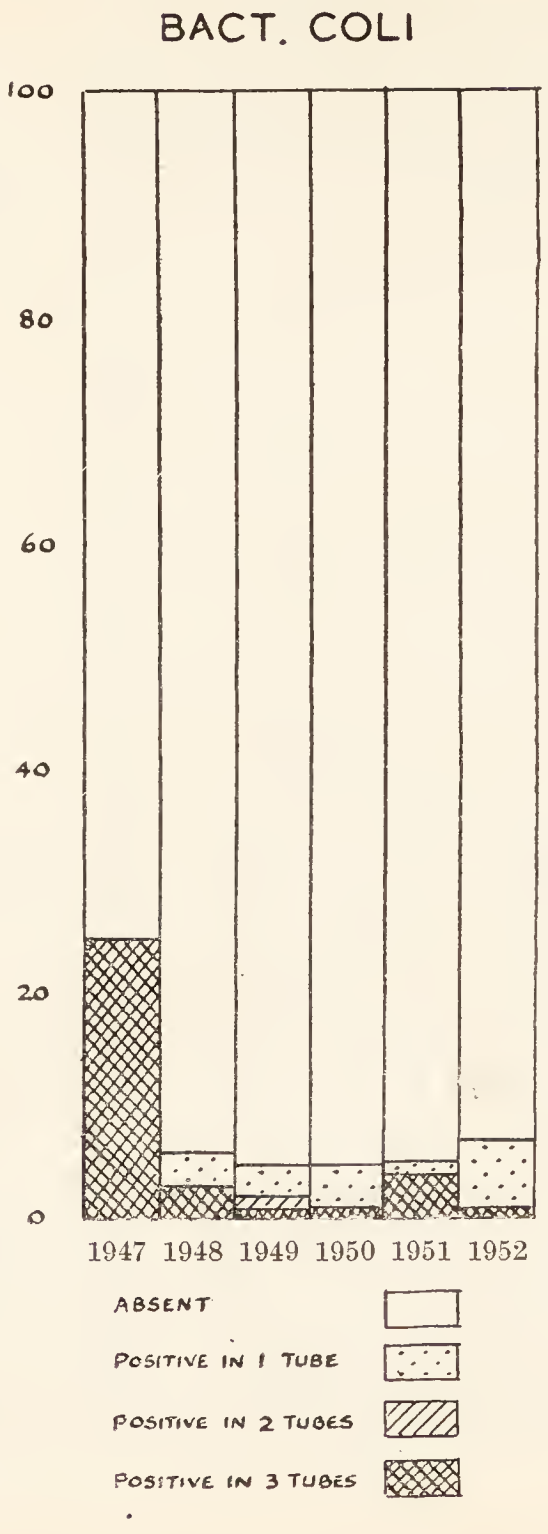
The Chief Inspector of Weights and Measures has again kindly furnished a report follows in regard to the work carried out by his department :—

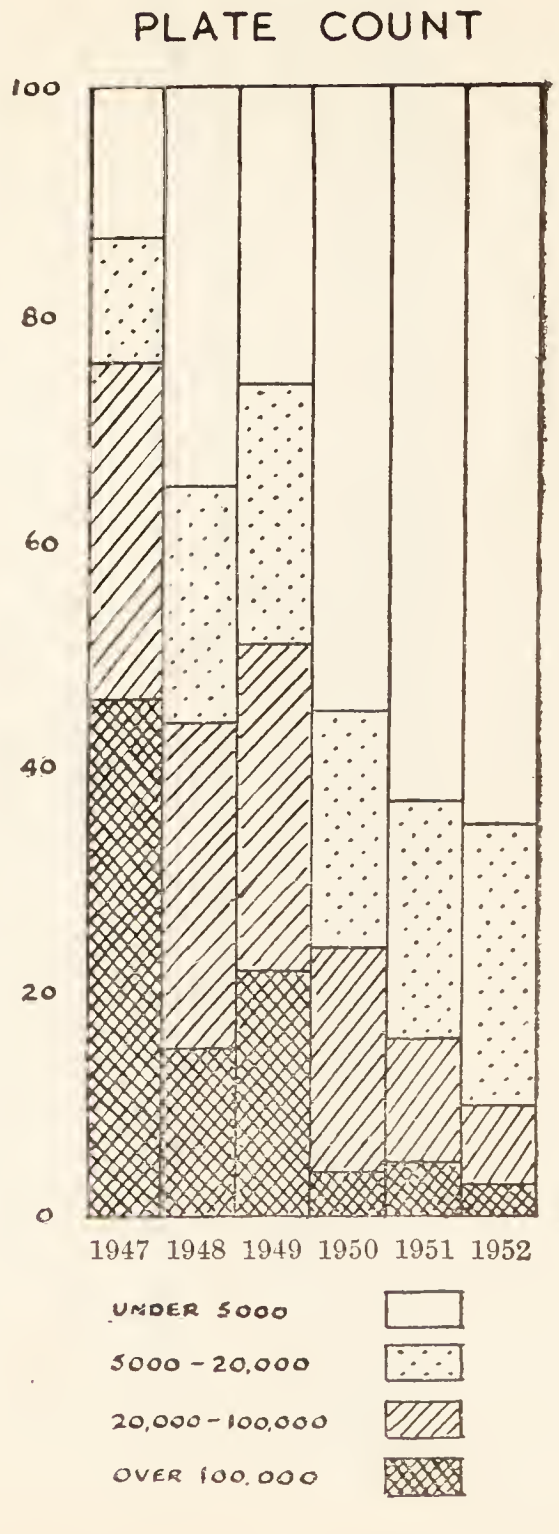
During the year 1952, officers of the department have as in previous years procured samples of food and drugs throughout that part of the County for which the Essex County Council is the Food and Drugs Authority.

100 EXAMINATION RESULTS (TAKEN AT RANDOM) ON SAMPLES OBTAINED DURING THE SUMMER MONTHS OF EACH YEAR 1947 - 1952









It is perhaps appropriate at this stage to mention that upon publication of the Census Proper the Urban District of Billericay, the Urban District of Chigwell and the Borough of Romford will each become its own Food and Drugs Authority having reached the prescribed population of 40,000. It is of interest to note that when the above three Authorities assume Food and Drugs powers, there will be no less than 18 separate Food and Drugs Authorities within the geographical County of Essex.

During the year, a total of 902 samples of food and drugs other than milk were submitted to the Public Analyst. Of this number only 26 were found to be in any way unsatisfactory. Details of these unsatisfactory samples are as follows :—

Bakewell Tart and Flour. Three Bakewell tarts were submitted as a result of a complaint of a mouldy taste. Examination of the tarts confirmed the mouldy taste although microscopical examination yielded no evidence of a significant amount of mould growth. Some of the flour used in the preparation of these tarts was also submitted for examination but this was found to be free from mouldy taste and any significant contamination with mould growth. It follows therefore that the flour was not the cause of the taint in the tarts and must be due to some other ingredient.

Bread Roll. A bread roll was submitted as a result of a complaint that it contained foreign matter. The complainant had taken a mouthful of the roll and had found that the partially masticated roll had a strong violet colour. Examination of the remains of the roll showed the presence of several small violet specks which were found on analysis to be due to the presence of methyl violet dye, the colouring matter commonly used for indelible pencils.

Cake. A cake was submitted as a result of a complaint that there was a fly embedded in it. Examination showed that the fly was well embedded in the cake but it was easily detached from the cake, and when removed was easily freed from all adherent particles of cake. In view of the absence of shrinking or drying of the fly and of the ease with which it was detached from the cake the opinion was formed that the fly was not baked with the cake. The fact that it was embedded in the cake would be accounted for by the fly having been killed by being knocked into the cake by the use of some hard object such as a knife.

Carrots. Two samples of carrots, one in the raw state and the other cooked, were submitted as a result of a complaint that they had an unusual smell. The raw carrot when cut was found to have a sharp acid smell of an unusual character. Similarly extracts of the carrot prepared with different solvents were characterised by the same unusual smell, but the quantity of the foreign substance causing the taint was not appreciable and the Analyst was therefore not able to identify its nature. The conclusion was reached that the smell was characteristic of certain types of insecticidal sprays used in agriculture but in the traces present although objectionable they would not be harmful. The cooked carrots were found to be free from this taint this probably having been volatilised during cooking.

Tinned Fruits. A number of samples of tinned fruit were sent for analysi during the year for examination in connection with an investigation which wa made into the practices in a factory engaged in the recanning of tinned fruits Some of the fruit which was being recanned at this factory was derived from blown cans. The practice adopted was to open the blown cans, then to seperat the fruit from the liquor, and then to recan the fruit, with or without the addition of other fruit, in fresh syrup. Some of the samples which were examined wer taken from the factory while others were bought from a market vendor. Amon the samples examined the following may be mentioned—

A sample of Red Cherries in Syrup, although found to be sterile and to b free from objectionable tin contamination, was nevertheless found to posses an objectionable metallic and sulphury smell. Having regard to the taste an smell of this sample the Analyst expressed the opinion that the cherries wer unsuitable for human consumption.

Two samples described as Peach Compote were found on examination t consist not of any preparation of peaches but of mango cubes. In reportin on these samples the Analyst expressed the opinion that the description Peac Compote meant a mixture mainly composed of peaches in some form and, i view of the fact that no peaches were found to be present, the description Peac Compote was false and misleading.

Another preparation labelled Tinned Fruits for Salad found to consist of mixture of plums, cherries and pineapple but some of the fruit had darkene considerably while other portions had lost their usual firm texture and wer breaking down into pulp. The Analyst stated the opinion that in his view thes fruits were no longer suitable for use in salads.

The last sample to which attention was directed was one described as bein Fruit Salad. Analysis of this preparation showed that it consisted essentiall of mango cubes together with one cherry and a part of a cherry. In the sampl examined the mango cubes weighed 7 ounces 15 drams while the cherry portio weighed only 4 drams. The opinion was expressed that the description Frui Salad means a mixture of fruits whereas the sample was not a mixture of fruit in that the cherries did not constitute a substantial proportion of the sample the description Fruit Salad was therefore false and misleading.

Reference has already been made of the absence of objectionable metalli contamination in the first sample taken in connection with this case namely th red cherries in syrup and the Analyst records that all the other samples, th peach compote, fruit salad, etc., were all found to be satisfactorily free fro objectionable tin contamination.

Proceedings have been instituted under the Defence (Sale of Food) Regula tions against two market vendors who were found to be selling mango cube under the description Peach Compote.

Mincemeat. This sample consisted of three one pound jars of mincemea On opening the jars and removing the paper discs the surfaces of the conten of each jar were found to be covered by a whitish mould growth. Furthe examination showed that the mould growth had not spread to any appreciabl

depth into the contents of the jars and that the mincemeat remaining in each instance was found to have a normal taste free from any suggestion of mouldiness.

Mince-Tart. A whole mince tart was submitted as a result of a complaint which alleged that it contained a human hair. When the top of the tart was removed a long fair hair about four to five inches in length was found inside, a portion of the hair being embedded in the mincemeat filling.

Pepper. A sample described as white pepper was found on analysis to consist not of genuine white pepper but to be diluted with a preparation of wheaten flour. Detailed analysis showed that the sample consisted of approximately equal parts of white pepper and wheaten flour.

Pork Sausages and Pork Sausage Meat. During the year under review the Meat Products Order was in operation controlling the meat content of sausages and prescribing that pork sausages should contain a minimum of 65 per cent. of meat. Nine samples of pork sausages were found to be deficient in meat in quantities ranging from 10 to 36 per cent.

The same standard of meat content applies to pork sausage meat and one sample of this commodity was found to be 17 per cent. deficient in meat.

Proceedings were instituted in five instances and fines and costs totalling £29 18s. 0d. were imposed.

Short Bread Biscuits. This sample was submitted as a result of a complaint that it contained a one inch nail. As received however the biscuit was partly broken and the Analyst were unable to form a definite opinion as to whether the nail had originally been embedded in it.

Beef Suet with Flour. The Food Standards (Shredded Suet) Order requires that shredded suet, or beef suet with flour as it is sometimes described, shall contain 83 per cent. of fat. One of the samples of shredded suet examined during the year was found to contain only 78.6 per cent. of fat being therefore 4.4 per cent. deficient in fat.

Vinegar. A sample described as vinegar was found to be of full strength in respect of its content of acetic acid but detailed analysis showed that it consisted of vinegar and coloured acetic acid having therefore the general composition of a non-brewed condiment. Vinegar consists of a liquid obtained by a process of fermentation and this sample not being a product obtained by a process of fermentation was therefore misdescribed as vinegar.

Saccharin Tablets. The Saccharin Order requires that the amount of saccharin in saccharin tablets shall fall between the limits of 0.18 and 0.22 grain per tablet. The unsatisfactory sample of saccharin tablets was found to contain only 0.16 grain of saccharin per tablet and therefore to be 11 per cent. deficient in saccharin.

Milk. A total of 1,877 samples of milk were taken during the year and of this number 75 were found to be unsatisfactory. Twenty-three of these samples were found to contain added water and 52 were deficient in fat.

Proceedings were instituted in 9 instances in respect of the unsatisfactory milk samples and fines and costs totalling £91 1s. 0d. were imposed.

WATER SUPPLIES AND SEWERAGE

The water supplies in the County received considerable attention during the year. Routine sampling was carried out by the Water Undertakers and County District Councils, and the County Council took quarterly samples from the taps required to be provided by statute by the four large Water Companies (Herts. and Essex Waterworks Company, Southend Waterworks Company, South Essex Waterworks Company and Tendring Hundred Waterworks Company). The samples were all satisfactory. Visits have also been made to various works in the County.

A serious breakdown of the pumping machinery at the Herts. and Essex Waterworks Pumping Station at Sawbridgeworth resulted in a temporary shortage of water in parts of the rural districts of Epping and Ongar in the early summer. Emergency measures were taken and the Metropolitan Water Board's emergency pumping scheme was put into operation at the Pumping Station whilst repairs were carried out.

Additional reservoir capacity is being provided in connection with the construction of Harlow New Town, and it is hoped to augment existing sources of supply as soon as the necessary pipes and machinery can be obtained.

Work has been proceeding upon the duplication by the South Essex Waterworks Company of their trunk mains in connection with the Abberton reservoir and Langham water supply scheme (as provided for by the South Essex Waterworks Act, 1935), and the Tendring Hundred Waterworks Company have also proceeded with the construction of a new pumping station at Dedham and a 500,000 gallon water tower at Horsley Cross. Improvements have also been carried out to the Colchester water undertaking and to the Chelmsford Corporation water undertaking.

Major works of reconstruction and extension of the Chigwell Luxborough Sewage Disposal Works and the Chelmsford Sewage Disposal Works have continued. Work is also proceeding on the construction of the sewerage system for the Harlow New Town.

During the year work commenced upon the construction of the Hanningfield reservoir and upon the sewerage system for the Basildon New Town. During the year also, extensions were commenced at the Barleylands and Shotgate Sewage Disposal Works of the Billericay Urban District Council, and in addition, work proceeded upon the various rural water and sewerage schemes mentioned in subsequent paragraphs.

Representations were received from the East Suffolk County Council that the construction of the Hanningfield reservoir will result in increased abstractions from the River Stour which will have an adverse effect upon the agricultural value of the neighbouring marshes and aquatic recreational amenities, and that any attempt to increase the amount abstracted from the river would be resisted. Representations were also received from the West Suffolk County Council who referred to the possible need for a joint report to be prepared upon the effect of increased abstraction of water in the Stour Valley. The East Suffolk County Council were advised that the Hanningfield reservoir will not result in more water being taken from the River Stour, and both County Councils were advised that further water cannot be abstracted from the Essex Stour valley without further authority, and that the County Councils should consider

applying for an order under section 14 of the Water Act, 1945, if there is any evidence of falling underground water levels.

The most important application under the Underground Water (Controlled Areas) Regulations, 1949, to obtain water by sinking further wells was that submitted to the Ministry of Housing and Local Government by May & Baker Ltd., Dagenham, who proposed to sink boreholes immediately adjacent to an adit of the South Essex Waterworks Company. The County Council were not apprised of the application in time to consider entering an objection, but the application for the licence was opposed principally by the South Essex Waterworks Company and was subsequently refused.

Fluorine in Water

In view of the relationship between the fluorine content of water supplies and the incidence of dental caries, a survey has been commenced of the fluorine content of the water supplied by the various water undertakers in Essex.

Whilst not complete in every detail, the survey shows that approximately 219,500 of the people of Essex are supplied with water naturally containing from 0.7 p.p.m. to 2.0 p.p.m. fluorine ; 92,000 with water naturally containing more than 2.0 p.p.m. (from 2.0 p.p.m. to 6.0 p.p.m.), fluorine ; and 1,561,700 with water naturally containing less than 0.7 p.p.m. fluorine.

Drainage of Chelmsford and District

The question of the disposal of the effluent from Chelmsford and district has been considered in view of the proposed extension of the town and of the proposed sewerage system for the adjacent parts of the Rural District and the possible effect on the public water supplies obtained from the river Chelmer and its tributaries. This matter is still being investigated.

Synthetic Detergents

In view of the increasing use of synthetic detergents, investigations were commenced upon their possible effects upon public water supplies obtained from some of the rivers in the County. These investigations are continuing.

Rural Water Supplies and Sewerage Acts, 1944-51

The County Council's observations are required upon schemes of water supply sewerage and sewage disposal where the County District Councils concerned intend to make application to the Ministry of Housing and Local Government for a contribution. Where such a contribution is made, the County Council is also required to contribute under the provisions of Section 2 of the Rural Water Supplies and Sewerage Act, 1944.

During the year 28 schemes of water supply, sewerage and sewage disposal involving a total estimated cost of £741,109 were examined and the necessary consultations and inspections made with the Consulting Engineers and officers of the Local Authorities concerned to ensure compliance with the provisions of the County Council's Grant Scheme.

During the year the Ministry of Housing and Local Government undertook provisionally to allocate lump sum grants towards the following schemes :—

	Estimated Cost. £	Provisional Grant by Ministry of Housing and Local Government. £
Dunmow Rural sewerage	69,055	.. 30,000
Chelmsford Rural water mains extension ..	1,819	.. 650
Do. ..	6,391	.. 2,200
Dunmow Rural sewerage and sewage disposal	24,765 (in lieu of £21,128)	.. 15,000 (in lieu of £13,000)
Braintree Rural water mains extensions ..	2,807	.. 1,500
Lexden and Winstree Rural water mains extensions	6,700 (in lieu of £4,487)	.. 1,650 (in lieu of £850)

During the year, work commenced upon the following principal grant-aided schemes :—

Reconstruction of Great Dunmow Sewage Disposal Works.

Sewerage of Stebbing Village.

Extension of Felstead Sewage Disposal Works.

Sewage Disposal scheme for village of Ramsey.

Temporary improvements to Stansted Sewage Works.

Work was also in hand upon the following principal grant-aided schemes previously approved :—

Extension to the Nazeing sewerage scheme.

Sewering of Little Clacton.

Braintree Rural Northern Area sewerage scheme for Finchingfield, Bardfield and Wethersfield.

Sewerage of East Stanway.

Sewerage of Great Stambridge.

The main water supply scheme for the Halstead Rural District was not commenced, but a considerable number of small extensions of water mains were carried out in other parts of the County.

Public Health Act, 1936—Section 307

In accordance with the provisions of their approved scheme to give effect to Section 307 of the Public Health Act, 1936, and the provisions of the Rural Water Supplies and Sewerage Acts, 1944, and 1951, the County Council agreed to make to the undermentioned Rural District Councils payment of the following amounts, being the approved estimated grants payable in respect of the financial year 1952–53 :—

Rural District Council.	Amount. £
Braintree	5,651
Dunmow	3,734
Epping	1,950
Halstead..	2,049
Lexden and Winstree	2,648
Ongar	1,669
Rochford	2,243
Saffron Walden	2,719
Tendring	2,742
Total	£25,405

The following schemes were approved by the County Council for revenue grant purposes during the year under review :—

Dunmow Rural	Stebbing sewerage
Ongar Rural	Extensions of water mains—Stanford Rivers
Saffron Walden Rural	Extension of water main—Radwinter
Epping Rural	Do. —Magdalen Laver
Braintree Rural	Do. —Black Notley & Rayne
Lexden and Winstree Rural ..	Do. —Birch & Stanway (Extension of previous scheme)
Dunmow Rural	Sewage and sewage disposal, Broxted, Little Canfield and Little Dunmow (amended grant)
Ongar Rural	Water Supply—Stanford Rivers, Fyfield, Theydon Mount, Stapleford Tawney, Stondon Massey and Navestock
Lexden and Winstree Rural ..	Extension of water main—Ardleigh
Epping Rural	Extension of sewer—North Weald

Annual inspections of water supply and sewerage schemes in respect of which the County Council makes contributions were carried out in nine rural districts during the year. The works were found to be satisfactory in each district.

SEWAGE WORKS AND RIVERS POLLUTION

The "appointed day" for the Essex River Board to take over formally the functions of the prevention of river pollution was 1st October, 1952. The County Council under arrangements agreed with the Board carried on this work as agents for the Essex River Board.

Sewage Works

During the year, 451 visits were made in connection with routine inspections of sewage disposal works and investigations of rivers pollution, and 293 samples were taken. On grounds of economy, sampling was concentrated upon unsatisfactory effluents. Copies of all reports upon the examination of samples were supplied to the

County District Councils or to the private firms concerned and in unsatisfactory cases observations asked for, and where necessary the Engineer and Surveyor of the District Council or the appropriate representative of the firms concerned, interviewed.

Some sewage works effluents could be improved substantially by more skilled attention to the works, but on the other hand, any major improvements at unsatisfactory sewage works will depend upon the Government making available the necessary labour and materials to carry out capital projects.

During the year, surveys were made of the river Wid and rivers Blackwater and Pant, and the following is a note of the conditions found :—

(1) River Wid. This river was surveyed on 21st May, 1952.

During its course it receives effluents either directly or indirectly from seven sewage works. In dry weather the flow of water in the river consists almost entirely of the effluents from these works.

Samples taken at different points during the survey showed that the river at its source was in a grossly polluted condition, but that at a point near its junction with the river Can it had recovered sufficiently to be described as a clean river on the basis of the classification laid down by the Royal Commission on Sewage Disposal. At this point, however, the impurity figure of the river water was below the standard desirable in water to be used for drinking purposes.

In the event of additional development in the Wid valley, care will be necessary to prevent a further deterioration in the quality of the river water.

A scheme has been prepared by the Ongar Rural District Council to improve conditions at Blackmore.

(2) Rivers Blackwater and Pant. These rivers were surveyed on 4th and 5th June, 1952.

Water is extracted from the river Blackwater by the Southend Waterworks Company at their Langford intake. The new Hanningfield Reservoir will receive the majority of its water from the river Blackwater.

It was found that the upper reaches of the river Pant are not seriously polluted. Although the river is in a satisfactory condition, at least in the summer, further improvements will be obtained when the Northern Area sewerage scheme of the Braintree Rural District Council comes into operation.

The river deteriorated when passing through the Braintree and Bocking Urban District. As a result of representations, improvements have been effected.

The river Brain at its point of discharge to the river Blackwater was satisfactory.

River Ramsey. The condition of the river Ramsey was mentioned in last year's report and during the year the Tendring Rural District Council have commenced work upon a scheme for the resewering of the village of Ramsey where the existing village tank is unsatisfactory. The scheme provides for the pumping of the effluent to Little Oakley, from whence it will gravitate to the large modern Little Oakley Sewage Disposal Works.

River Chelmer. During the annual campaign at the Felsted Beet Sugar Factory the river Chelmer again became polluted and for several miles below the factory contained a heavy growth of sewage fungus. Details of this pollution were reported to the Essex River Board.

It is interesting to note that in certain respects the powers of the new Essex River Board under the Rivers (Prevention of Pollution) Act, 1951, are less than the powers of the Essex County Council which were contained in the repealed sections of the Essex County Council Act, 1933.

REFUSE DISPOSAL

The depositing of refuse in the County by authorities from outside the County and by authorities tipping outside their own boundaries is controlled by the Essex County Council Act, 1933.

About one million tons of refuse is brought from London annually and disposed of by controlled tipping on the Essex marshes.

During the year the principal new dump in respect of which consent was granted under the Essex County Council Act, 1933, was the proposed filling of the Aveley clay pit of the Alpha Cement Company with refuse from the County Boroughs of East Ham and West Ham and the Borough of Ilford. Owing, however, to alterations in the plan for working the clay, it is unlikely that the authorities named will be able to proceed with this proposal, and instead they are considering the disposal of their refuse in a gravel pit owned by the Wennington Sand and Ballast Co., Ltd., to be followed by disposal in the Aveley clay pit of the Tunnel Cement Company when present excavations have proceeded sufficiently far for the tipping to be commenced. Preliminary investigations of the geology of this area indicate that it is unlikely that underground water supplies would be polluted by the deposit of refuse in the large excavations mentioned.

At the end of the year there were thirty-four refuse tips supervised by the staff of the Department, and apart from very minor and isolated occurrences, the refuse is properly levelled, consolidated and covered ; there are no rats, no fires and very little nuisance is caused. During the year, 213 visits were made by officers of the Department.

RURAL HOUSING

The Joint Advisory Committee on Rural Housing met twice during the year. Matters considered included :—

(*a*) the reconditioning and repair of houses in rural Essex ;
(*b*) specification for housing estate roads ;
(*c*) quarterly returns showing the progress in the provision of houses in the rural areas and the progress of the rural housing survey ;
(*d*) a resolution by the Tendring Rural District Council that in their opinion the need for the continued functioning of this Joint Advisory Committee no longer exists.

Representations were made during the year to the Minister of Housing and Local Government regarding the annual deterioration of the houses in the rural parts of the County which are subject to the Rent Restrictions Acts, and the Minister was requested

to give urgent consideration to the whole question with a view to such action being taken to remedy the situation as may be considered desirable.

The future of the Joint Committee is under consideration.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

During the year, 19 new applications were received for licences to carry on establishments for massage or special treatment. Seventeen licences were granted.

At the end of the year 102 establishments were licensed, and during the year officers of the Department made 141 visits to chiropody and massage establishments.

The County Council have not made any byelaws as provided for by section 60 of the Essex County Council Act, 1933, which provides, *inter alia*, for byelaws prescribing the technical qualifications to be possessed by any persons who administer massage or special treatment at any establishment licensed under the Act. Where the applicants are not Registered Medical Auxiliaries it is the usual practice for the applicants to be interviewed by the appropriate Committee of the County Council, in order to ensure that their qualifications and experience are satisfactory, having regard to the nature of the treatment which they propose to administer.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

All premises utilised as Day Nurseries and persons acting as Child Minders must be registered and must comply with certain standards adopted by the County Council. Periodic examinations are carried out by the County Council's Medical Officers and Health Visitors to ensure that the conditions of registration are observed.

The following table gives the position at the end of the year and for the purposes of comparison similar figures are given for the previous year :—

Health Area	Nurseries				Child Minders			
	No. Registered		*No. of children provided for*		*No. Registered*		*No. of children provided for*	
	1951	*1952*	*1951*	*1952*	*1951*	*1952*	*1951*	*1952*
North-East Essex ..	1	1	30	30	2	2	12	12
Mid-Essex	2	3	20	36	—	—	—	—
South-East Essex ..	1	—	18	—	—	—	—	—
South Essex	1	3	12	78	6	6	22	19
Forest	1	2	30	42	10	11	40	34
Romford	—	—	—	—	—	—	—	—
Barking	—	—	—	—	2	2	5	5
Dagenham	—	—	—	—	6	3	31	15
Ilford	3	3	83	88	3	3	17	29
Leyton	—	—	—	—	1	—	5	—
Walthamstow ..	—	—	—	—	—	—	—	—
Total ..	9	12	193	274	30	27	132	114

CHILDREN ACT, 1948

The experimental arrangements for Assistant County Medical Officers to undertake the medical supervision and examination of children accommodated in Children's Homes and Residential Nurseries in the Mid-Essex Health Area which were referred to in last years' report were continued during 1952. The Area Medical Officer for the Mid-Essex Health Area has submitted the following report :—

"The examination of children in these Children's Homes and Nurseries has continued throughout the year. There has been nothing outstanding to report in this connection. The total number of hours during which medical officers have been engaged on this work for the whole year amounts to 150, and it will be seen from the following statistics that 935 separate examinations were carried out. Arrangements are made with the Assistant Medical Officers to be notified of admissions and although no doctor is required to be on the telephone, officially, the arrangement has worked smoothly.

Name of Nursery or Children's Home	No. of Children Examined						*Total*
	Admissions	*Routine Examinations*		*Special Examinations*			
		Under 1 year of age	*Over 1 year of age*	*Prior to Boarding Out*	*Health Cert. for Discharge*	*Any other Reason*	
Dunmow Children's Home, .. 58, New Street, Dunmow	6	—	47	—	—	2	55
Greenbourne Children's Home, Writtle	9	—	84	—	—	6	99
Kelvedon Children's Home, .. Kelvedon House, Kelvedon	8	—	51	2	—	1	62
Lionmede Residential Nursery Springfield Road, Chelmsford	35	—	39	7	21	6	108
The Friars' Children's Home, .. Bradford Street, Bocking	8	—	65	3	2	—	78
The Gables Children's Home, .. High Street, Maldon	9	—	58	—	2	—	69
Writtle Wick Residential Nursery, Chignal Road, Chelmsford	70	176	92	11	20	7	376
Wrebrook Children's Home, .. Howe Green, Sandon	18	—	58	—	9	3	88 "

Medical Supervision of Remand Homes

The following reports have been received from the Medical Officers who undertake the medical supervision of the Remand Home for Junior Boys at Boyles Court, Brentwood, and the Remand Home for Girls at Newport House, Great Baddow.

Boyles Court Remand Home for Junior Boys.

The medical supervision at this Home is undertaken by Dr. A. R. Forbes who submits the following report :—

"Number of admissions	305	Number of leavers	298
Average number each day	28		
Disposal of Leavers—			
Approved Schools	107	Brought forward	243
Other Remand Homes	3	Probation Orders after appeal against Approved School Committal	3
Schools for Maladjusted	5		
Schools for Educationally Sub-normal	3	Conditional discharge	4
Institutions for Mental Defectives	2	Charge withdrawn	1
Children's Homes	30	Fined	3
Foster Parents	1	Adjourned on bail	28
Probation Hostel	1	Discharged after detention —Section 54	15
Probation Orders	91	Attendance Centre	1
Carried forward	243	Total	298

Health. On the 9th April—2 cases of German Measles. On the 22nd December—1 case of Scarlet Fever."

Great Baddow Remand Home for Girls.

Dr. J. Mervyn Thomas who is responsible for the medical supervision at this Home writes :—

"The following are the statistics for the year 1952 :—

There were 36 more admissions during the year, and all cases were examined within 24 hours of admission under the same circumstances as operated in the previous year.

There were no difficulties, and arrangements were made as and when required for Specialists' advice.

Number of admissions	188	Number of leavers	178
Disposal of Leavers—			
Approved Schools	40	Brought forward	158
Children's Homes	4	Cases adjourned	—
Other Remand Homes	4	Discharged after detention —Section 54	1
Fit Person Orders	10		
Special Schools	1	Successful appeal against committal	—
Probation and Supervision Orders	99	Unknown	19
Carried forward	158	Total	178"

Boarded-out Children

Annual medical examinations of boarded-out children are undertaken by general practitioners and the necessary action is taken on the reports received in respect of all children who are suffering from conditions requiring treatment or observation.

During the year 570 reports were received and dealt with.

General

In company with the Children's Officer visits were paid during the year to the Residential Nurseries at Writtle Wick, Chelmsford; Rowney Bury, Sawbridgeworth; Raymond, Clacton-on-Sea and Elm Park, Ardleigh, near Colchester. The County Council's Health Visitors continue to co-operate with the officers of the Children's Department and particular care is taken to ensure that the foster mothers are aware of all the facilities provided by the Committee.

REGISTRATION AND INSPECTION OF NURSING HOMES

Five nursing homes closed during the year, reducing the number of registered nursing homes to 41 with a total of 467 beds. The total number of beds available in the five which closed was only 27. In three out of these five the keeper of the home was no longer physically able to run the home. One other home altered its registration from 4 maternity and 10 medical, aged or infirm to 14 medical, aged or infirm. All nursing homes were inspected regularly by officers of the department.

NURSING CO-OPERATIONS

The two Nursing Co-operations within the County registered under the Nurses Act, 1943, continued to function during 1952, and were each inspected during the year.

ESSEX EPIDEMIOLOGICAL COMMITTEE

One meeting of the Essex Epidemiological Committee was held during the year 1952, when Mr. A. W. McKenny-Hughes of the Natural History Museum gave a paper on the Cockroach as a Disseminator of Typhi-murium Infection, as a result of which it was agreed to invite Medical Officers of Health to give consideration to this possibility when investigating outbreaks. Arrangements were subsequently made for any cockroaches found in the course of investigation to be sent to Dr. R. Pilsworth (of the Public Health Laboratory, Southend-on-Sea), who is a member of the Committee. The results of Dr. Pilsworth's tests will be made known in due course.

At the same meeting Dr. J. Stevenson Logan, Medical Officer of Health for the County Borough of Southend-on-Sea, gave an interesting paper on a local outbreak of Salmonella enteritidis which occurred in August, 1952.

VENEREAL DISEASES

Returns from Special Clinics show that the decrease in the incidence of new cases of venereal disease has continued and has been accompanied by an increase in the number of non-venereal conditions treated at the clinics. In 1952, 116 new cases of syphilis and 233 new cases of gonorrhoea were diagnosed in Essex patients compared with 156 and 242 respectively in 1951.

The following table analyses the cases according to the situation of clinics at which the diagnoses were made :—

Place of Diagnosis.	Syphilis.	Gonorrhoea.	Other Conditions.
Essex	70 ..	81 ..	939
London	33 ..	100 ..	868
Other Home Counties	12 ..	52 ..	428
Elsewhere	1 ..	— ..	1

The follow up of persons who are being treated for venereal disease and of those thought to be a source of infection is undertaken in some parts of the County by a social worker in the service of the North-East Metropolitan Regional Hospital Board and in other areas by a senior member of the professional staff of the Department.

CANCER ACT, 1939

It was not necessary during the year to take any action under Section 4 of the Cancer Act, 1939, prohibiting the publication of certain advertisements offering remedies or treatment for cancer.

FACTORIES ACTS, 1937 AND 1948

No action was required under Section 126 of the Factories Act, 1937, as amended by the Factories Act, 1948, whereby the County Medical Officer of Health is responsible in certain circumstances, for performing or for arranging for the performance of the functions of Appointed Factory Doctors.

THE NATIONAL ASSISTANCE ACT, 1948, PART III

The principal functions undertaken by the Health Department on behalf of the Welfare Committee, who are responsible to the Council for carrying out the duties imposed by Part III of the National Assistance Act, 1948, are the medical supervision of hostel accommodation for the aged and the arrangement of examinations by ophthalmic surgeons of blind and partially-sighted persons in connection with the welfare of the blind.

Medical Supervision of Hostel Accommodation

There are sixteen hostels which are regularly visited by a Senior Medical Officer, some thirty visits being made during the year. A report is made upon each visit and recommendations are made to the Welfare Department in regard to any changes in the arrangements which are found to be necessary from a medical point of view. Three new hostels were opened during the year and two were re-opened after a period of closure for the purpose of carrying out adaptations. Visits are also made to hostels which it is proposed to put into use so that comments from a medical aspect may be made on the plans.

The need for the provision of adequate accommodation for isolation purposes has continued to be emphasised and as far as practicable arrangements have been made at the hostels accordingly.

Difficulties continue to arise in the case of residents who fall sick and for whom it is not possible to obtain hospital accommodation. The services of the local home nurse are of course available, but when constant attention is required nursing becomes the responsibility of the staff of the hostel, who are not trained for the task, and special consideration is being given to this problem.

In addition to the Senior Medical Officer's visits, County Health Inspectors call at the hostels from time to time to report on the purity of the water supply and to take samples of milk for laboratory tests.

Welfare of the Blind

The County Welfare Officer has kindly supplied the following report :—

During the year 397 persons were registered as blind, and 194 as partially-sighted after examination by the Ophthalmic Specialist, either at his surgery, the local hospital, or, for persons unable to travel, in their own homes.

The establishment for outside staff employed by the Welfare Committee to undertake visits to blind and partially-sighted persons and generally assist them to overcome the effects of their disability has remained at 14 Home Teachers two Assistant Home Teachers and one Placement Officer.

At the end of 1952 the number of persons on the Blind Register was 2,701 compared with a figure of 2,647 given in last year's report. In age groups these are as follows :—

	0–4	*5–15*	*16–20*	*21–64*	*65 and over*	*Total*
ales ..	8	30	18	528	589	1,173
males ..	8	33	15	469	1,003	1,528
tal ..	16	63	33	997	1,592	2,701

With regard to partially-sighted persons, the Register now shews a total of 482, made up as follows :—

	0–4	*5–15*	*16–20*	*21–64*	*65 and over*	*Total*
les ..	3	40	22	73	66	204
males ..	—	21	14	95	148	278
tal ..	3	61	36	168	214	482

The proportion of registered blind over 65 years of age has remained practically stationary at just over one-half for males and nearly two thirds of the total for females, whereas below the age of 50 the male figure is only 50 higher than that for blind females, compared with 60 higher last year.

Of blind persons between the ages of 16 and 60 who are classed as employable 23 are at eight workshops for the blind, as follows :—

Barclay Home and School for the Blind	1
Blind Employment Factory, London, S.E.1	3
General Welfare of the Blind	2
London Association for the Blind	1
Norwich Institution for the Blind	6
Royal London Society for the Blind	4
Royal School for the Blind, Leatherhead	1
West Ham Workshops	5
	23

The work undertaken at these workshops includes the following :—

Basket Making, Mattress Making, Upholstery, Brush Making, Machine Knitting and Mat Making.

Apart from those employed in special workshops, 225 blind persons ar working alongside their sighted colleagues and 62 in home workers schemes the total in employment being 310, as compared with 296 last year.

The main occupations are as follows :—

Agricultural workers	Gardeners
Basket workers	Machine knitters
Boot repairers	Labourers
Brush makers	Masseurs and physiotherapists
Carpenters and woodworkers	Mat makers
Clerks and typists	Musicians and music teachers
Dealers, agents and shopkeepers	Piano tuners
Factory operatives	Poultry keepers

Telephone operators

CIVIL DEFENCE

In the Report for 1951, brief particulars were given of the organisation c the Civil Defence Corps in the Administrative County and reference was made to draft operational plan for the disposition of the expanded Ambulance Service shoul an emergency arise. Early in 1952 the Ministry of Health indicated the number c vehicles the County Council could expect to receive to augment the peace-time Am bulance Service and in April the draft operational plan was revised to provide for th increased ambulances and sitting-case vehicles which would become available and th additional personnel required to man them.

Following upon the issue of Civil Defence Circular No. 13/1952 by the Hom Office, a comprehensive scheme for giving driving instruction to volunteers enrolle in the Ambulance and Rescue Sections of the Corps was drawn up. The schem provides for the training to be undertaken by County District Councils under the agenc arrangements, and in order to maintain a uniform standard of instruction a trainin syllabus (which covers 8 hours class instruction and 16 hours driving tuition) has bee issued. In addition, a panel of approved instructors—all of whom have attended special two-day course at the Essex Police Advanced Wing Driving School at Chelmsfor —has been circulated. Nineteen old ambulance vehicles, including seven no longe suitable for operational duties, have been allocated for use in connection with drivin instruction.

The number of volunteers who had enrolled in the Ambulance Section of th Essex Division of the Civil Defence Corps by 31st December, 1952, was 1,167, made u of 472 men and 695 women (comparable figures for the end of the previous year wer 687, 288 and 399 respectively). Good progress was made in the basic and sectio training of volunteers as well as of the personnel in the peace-time Ambulance Servic

SECTION III—NATIONAL HEALTH SERVICE

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

GENERAL

. Administration

THE HEALTH COMMITTEE. The National Health Service Act, 1946, received the Royal Assent on 6th November, 1946, and in accordance with its provisions the unty Council became the Local Health Authority for the Administrative County of ssex with immediate functions under Section 19, relating to the establishment of a ealth Committee, and Sections 20 and 51, relating to the submission of Proposals for rrying out their duties as specified in the Act.

On 1st April, 1947, therefore, a Health Committee was established with the title the *Health Services Development Committee* charged with the duty of formulating, d submitting to the County Council, Proposals for carrying out its duties as a Local ealth Authority and of considering any other questions arising under or incidental the Act. Its membership comprised 22 members of the County Council, special ovision being made for the inclusion of members of the Lunacy and Mental Treatent Acts Committee and the Mental Deficiency Acts Committee in this number. It as considered unnecessary in the initial stages to include any outside persons as embers of the Committee but it was given freedom of action in regard to inviting e attendance at its meetings, in an advisory capacity, of any persons who could be assistance to it in its deliberations.

The first meeting of the Committee was held on 16th June, 1947 and on 4th June the following year it was re-designated as the *Health Committee*, and from that date nsisted of 36 members of the County Council and 18 nominated members : one from ch of the eleven Area Sub-Committees (*q.v.*), one each from the North-East Metrolitan Regional Hospital Board, the Executive Council for Essex, the Local Medical mmittee and four from approved voluntary organisations, two of whom were to be minated by the Essex County Nursing Association.

The approved voluntary organisations which are represented on the Committee e the British Red Cross and St. John Joint Organisation and the Women's Voluntary rvices. Owing to its small interest in the services provided in the County (extending ly to the Borough and Rural District of Saffron Walden) it was not considered necesry to appoint a representative from the East Anglian Regional Hospital Board, but a se liaison is maintained with that body by correspondence and generally at an ministrative level.

To meet the position which arose as a result of the dissolution of the Essex County rsing Association the composition of the Committee was amended during 1952 to ovide that, instead of the two members who had been nominated by the Association ing appointed by the County Council, two persons specially qualified by reason of perience or training in matters relating to the functions of the Committee should be pointed, and later in the year the total number of nominated members was increased 19 to permit of three such specially qualified persons being appointed.

The County Council delegated to the Committee as thus constituted all its powe and duties as a Local Health Authority and also related functions under various oth Acts of Parliament. The Committee meets seven times a year.

HEALTH AREAS : In addition to the formulation of Proposals for services to l provided under the Act the Health Services Development Committee, during its ter of office, formulated a scheme for the decentralisation of administration based on t suggestion made in paragraph 20 of Ministry of Health Circular 118/47, dated 19t July, 1947. This proved to be a matter of some delicacy both from the point of vie of ensuring adequate representation of local interests in the rural part of the Count and from the aspect of making appropriate provision for local autonomy in the ca of the large Boroughs in the south-west of the County which had over a long perio developed their services in a most progressive manner. After prolonged discussion an several conferences with representatives appointed by all Local Authorities in t County, a measure of agreement was reached in regard to a scheme of decentralisatio to be implemented on the Appointed Day for an experimental period of two years.

The scheme provided for the division of the County into eleven Health Area the boundaries of which were in every instance co-terminous with the boundaries the Divisional Executives for Education established under the Education Act of 194 This was felt at the time to be desirable both from the point of view of economy a facility in administration ; it has certainly been proved to have many advantages.

The Areas fall into two main categories as follows :—

(1) Five Health Areas comprising 37 of the 43 County Districts in the County :-

No.	*Area*	*Acreage*	*Population* 1948	1952
1	North-East Essex	243,651	173,446	184,179
2	Mid-Essex	459,453	202,420	208,576
3	South-East Essex	79,658	100,067	104,495
4	South Essex	78,589	204,730	222,520
5	Forest	62,978	175,037	204,730

(2) Six other Areas each consisting of one of the six Boroughs on the fringe the Metropolis :—

No.	*Area*	*Acreage*	*Population* 1948	1952
6	Romford	9,342	72,610	99,360
7	Barking	3,877	78,890	77,140
8	Dagenham	6,554	111,500	113,200
9	Ilford	8,415	183,400	182,200
10	Leyton	2,594	106,100	104,200
11	Walthamstow	4,342	122,700	120,400

Health Area Sub-Committees : A Sub-Committee of the Health Committee, designated as the *Health Area Sub-Committee* was established in each of the eleven Health Areas. Each consists of 29 members (30 in Mid-Essex and Forest), 15 (16 in Mid-Essex and Forest) nominated by the County District Councils comprising the Health Area (i.e. 11 County District Councils in North-East Essex, 12 in Mid-Essex, in South-East Essex, 3 in South Essex, and 6 in Forest, the remainder as has already been noted being co-terminous with individual County Districts) ; 7 members of the County Council appointed by the Health Committee (at least one of whom was indicated should be a member of and nominated by the Education Committee and of the Divisional Executive for Education if appropriate) ; and 7 other persons also appointed by the Health Committee who it was anticipated would represent the following interests :—

Hospital Management Committee or Committees ...	1
Executive Council for Essex	1
Local Medical Committee for Essex	1
Voluntary Organisations	4

The term " voluntary organisations " was defined to mean voluntary organisations concerned with the provision of services similar in character to those provided under the Act by the County Council. It was understood that two of them would as far as practicable be representatives of nursing associations ; the other associations elected by the Health Area Sub-Committees for representation are varied and include such bodies as—

British Red Cross Society.
Chelmsford Diocesan Moral Welfare Association.
Child Welfare Voluntary Helpers Committee.
Children's Care Committee.
Essex Women's Institutes.
Invalid Children's Aid Association.
National Society for the Prevention of Cruelty to Children.
Personal Service Council.
St. John Ambulance Brigade.
Society for the Blind.
Tuberculosis Care Association.

The functions of the Health Area Sub-Committees were set out in detail in the " Arrangements for Decentralisation of Local Health Functions " formulated in 1948 and subject to certain limitations and conditions relate to the day to day administration of the services provided under Sections 21, 22, 23, 24, 25, 26, 28 and 29 of the Act. The Sub-Committees are responsible for the management of premises and land used in connection with the services, except where otherwise decided in individual cases ; for the assessment and recovery of charges and the institution of legal proceedings ; for the keeping of records and the furnishing of returns ; for the financial arrangements which exist in the Health Area ; for the appointment, control and termination of the engagement (but not the suspension from duty) of all staff (except senior staff) employed wholly on duties delegated or referred to the Sub-Committee, or upon such duties and duties in connection with the School Health Service, and in receipt of a salary not exceeding £1,000 a year ; and for the efficient operation of all services pro-

vided in the Health Area. They perform their functions subject to such direction as are given from time to time by the County Council and are responsible for the preparation and submission of annual and supplementary estimates of income and expenditure. Duties in connection with the Nurseries and Child Minders Regulation Act, 1948, were also delegated to Health Area Sub-Committees when the Act came into operation on 30th July, 1948, but apart from this it has not been found necessary to amend the arrangements in any way. Health Area Sub-Committees ordinarily meet seven times a year to fit in with the programme of meetings of the Health Committee.

In all Health Areas with the exception of the North-East Essex Health Area a *Staff Sub-Committee* of the Health Committee was also appointed, consisting of certain members (varying between 6 and 16) of the Health Area Sub-Committee which was empowered to exercise in lieu of the Health Area Sub-Committee on behalf of the Health Committee functions relating to the appointment of staff in receipt of a salary not exceeding £1,000 a year.

Other Sub-Committees : To deal with matters of day to day administration relating to the two services provided under the Act which were not included in the Arrangements for Decentralisation (i.e. the Ambulance Service provided under Section 27 of the Act and the Mental Health Service established under Section 51) two further Sub-Committees were set up designated respectively the *Ambulance Sub-Committee* and the *Mental Health Sub-Committee.* The former originally consisted of 13 members of the Health Committee, three other members of the County Council *ex-officio* and a representative of the Essex Branches of the British Red Cross Society and the St. John Ambulance Brigade ; this has been slightly varied, however, and the number of members of the Health Committee now stands at 16. It meets seven times a year to fit in with the programme of meetings of the Health Committee. The latter Sub-Committee consists of 17 members of the Health Committee, three other members of the County Council and three representatives of other branches of the National Health Service (the North-East Metropolitan Regional Hospital Board, the Executive Council for Essex and the Local Medical Committee for Essex) ; it meets monthly.

The two Sub-Committees are responsible for the Ambulance Service and functions under the Lunacy and Mental Treatment and Mental Deficiency Acts respectively for their efficient operation ; the management, repair and letting of premises used in the discharge of those functions ; the provision and care of furniture ; the appointment and control of staff other than those engaged in the central office of the Health Department and other matters incidental thereto.

With a view to improving the arrangements for handling any cases of alleged irregularities in the conduct of individuals amongst the large number of employees under the control of the Ambulance Sub-Committee another Sub-Committee known as the *Ambulance (Special Powers) Sub-Committee* was constituted towards the end of 1952 consisting of seven members of the Health Committee all of whom are also members of the Ambulance Sub-Committee. It meets as and when required and is empowered (instead of the Ambulance Sub-Committee) to terminate the employment, by dismissal or otherwise, of any member of the operational staff of the Ambulance Service subject to review upon appeal by the employee concerned.

Because of the desirability of ensuring unity of action in connection with the Nurses Training Homes which were transferred to the County Council from the Essex County Nursing Association a *Training Homes Management Sub-Committee* was established consisting of 13 members of the Health Committee, three other members of the County Council and two representatives of voluntary organisations (i.e. the Essex County Nursing Association and the Women's Voluntary Services); the membership was later increased to 14 members of the Health Committee and three others consisting of a representative of the Women's Voluntary Services and two persons specially qualified by reason of their experience in health matters. The Sub-Committee also meets seven times a year and is responsible for the management of the Beachcroft (later re-named The Lady Rayleigh) Training Home at Leytonstone, York House, Dagenham, and the Branch Training Home at Barking; the Branch Training Homes at Colchester and Walthamstow are controlled by the North-East Essex and Walthamstow Health Area Sub-Committees respectively.

In connection with the affairs of the former Essex County Nursing Association a recently formed Sub-Committee is the *Funds Sub-Committee.* It consists of the Chairman *or* Vice-Chairman of the County Council, the Chairman and Vice-Chairman and one member of the Health Committee and a representative each of the British Red Cross Society and the Federation of Women's Institutes; it meets as and when required, and its functions are to administer the moneys handed over to the County Council by the County and District Nursing Associations in such a manner as to ensure strict conformity with Section 23 of the National Health Service (Amendment) Act, 1949.

For many years prior to the National Health Service coming into operation there had been in existence a joint Sub-Committee of the former Public Health and Housing Committee and the Education Committee known as the Medical and Nursing Services Joint Sub-Committee which dealt with all matters in connection with the County Council's medical and nursing services with which the two main Committees were concerned. A Sub-Committee of this kind had much to commend it from the point of view of administrative convenience, and it was accordingly decided as a temporary measure in the first instance to re-establish it as the *Medical and Nursing Services Sub-Committee* with authority to fill vacancies arising in posts on the medical and nursing staff under the control of both Committees which were not the responsibility of some other Committee or Sub-Committee. Quite recently the Sub-Committee was established on a permanent basis with extended terms of reference and with a membership comprising the Chairmen and Vice-Chairmen of the Health and Education Committees and 14 other members of the County Council, six of whom are appointed by the Health Committee and five by the Education Committee, the remaining three being ex-officio. It meets seven times a year to fit in with the programme of meetings of the Health Committee

A *Finance Sub-Committee,* charged with functions in connection with annual estimates, the payment of accounts and in relation to expenditure generally, consists of 11 members of the Health Committee and three other members of the County Council, and meets on the same day as, and immediately before, the Health Committee.

The most important of the central Sub-Committees is the *General Purposes Sub-Committee* which consists of 17 members of the Health Committee, three other members

of the County Council and one representative each of the North-East Metropolitan Regional Hospital Board, the Executive Council for Essex and the Local Medical Committee for Essex. It meets seven times a year to fit in with the programme of meetings of the Health Committee and in effect acts as the policy making Sub-Committee. Its terms of reference mention specifically its responsibility for all functions under the Act not delegated or referred to any other Sub-Committee; all matters concerning the organisation of the work of the Committee and the division of functions between Sub-Committees; and subject to certain exceptions and conditions, the appointment, control and termination of the engagement of officers and servants employed in the Health Department where these functions are not exercisable by some other Committee or Sub-Committee. In addition the Sub-Committee is responsible for the public health, housing and public order functions which the County Council by its Standing Orders, have delegated to the Health Committee.

Supervision and Co-ordination of Services: Subject to the general control of the Health Committee and the duties of the Clerk of the County Council as the Council's chief administrative officer, the County Medical Officer of Health, who is also School Medical Officer, is responsible to the County Council for the organisation and operation of the services provided under the Act. In this he is assisted in the central office of the Department by a medical staff of five (including the Deputy County Medical Officer of Health) together with 10 other professional or technical officers, a Senior Lay Administrative Assistant, and a clerical staff of 76 under the control of a Chief Clerk.

The responsibility for the organisation and operation of the services in each of the Health Areas is, subject to the general control of the Health Area Sub-Committee in charge of an Area Medical Officer, who, in the interests of complete co-ordination in each instance also holds the post of Divisional School Medical Officer. Prior to 5th July, 1948, arrangements had been made with the concurrence of certain County District Councils for their Medical Officer of Health (who was in fact in each instance already Acting as Divisional School Medical Officer) to act in the capacity of Area Medical Officer in anticipation of part-time permanent appointments being made after certain questions relating to such appointments had been disposed of. Since then, by a process of negotiation, hastened in certain instances by the resignation or retirement of the officer acting in the capacity, permanent appointments have been made in eight out of the eleven Health Areas, and the remaining three are the subject of negotiation at the time of writing. Each of the appointments which have so far been made is of part-time character as between the County Council and the County District Council on an agreed percentage basis to suit the particular circumstances of each case, the officer concerned being required to carry out the following duties for the County Council:—

1. As Area Medical Officer to:—

   (*a*) act under the general direction and supervision of the County Medical Officer of Health;

   (*b*) be responsible for ensuring the efficient administration and operation of the services provided under the National Health Service Act, 1946 and any other services, the administration of which is, or may be, decentralised to the Health Area Sub-Committee;

(*c*) carry out the policy laid down by or on behalf of the County Council in regard to individual services and such instructions as are given in implementation thereof, with due regard to any limitations of expenditure fixed by or on behalf of the County Council ;

(*d*) attend all meetings of the Health Area Sub-Committee and such other Sub-Committees as may be appointed in his Area ;

(*e*) give such advice in regard to the health of the population and the health services in the Area as may be necessary or desirable ;

(*f*) furnish such statistics and reports as may be required from time to time by or on behalf of the County Council ;

(*g*) undertake such other duties as may from time to time be prescribed by or on behalf of the County Council.

2. As Divisional School Medical Officer :—

(*a*) Subject to the general direction and supervision of the School Medical Officer, to be the officer, unless otherwise specifically determined either generally or in regard to any particular case—

(i) responsible for ensuring the efficient administration and operation of—

(*a*) the arrangements made by or on behalf of the County Council [including those made, pursuant to the Education (Divisional Administration) Scheme, 1945, by the Borough Council] for the medical inspection of pupils in attendance at schools [in the Borough] maintained by the County Council, and for the free medical treatment of such pupils ;

(*b*) the arrangements made by or on behalf of the County Council [including those made, pursuant to the Education (Divisional Administration) Scheme, 1945, by the Borough Council], for the medical inspection of pupils [in the Borough] receiving primary or secondary education otherwise than at school, and for the free medical treatment of such pupils ;

(*c*) any arrangement which has been or may be made by or on behalf of the County Council [including those made, pursuant to the Education (Divisional Administration) Scheme, 1945, by the Borough Council] for the medical inspection of pupils attending independent schools [in the Borough] and for the free medical treatment of such pupils ;

(ii) responsible for ascertaining what children [in the Borough] require special educational treatment ;

(iii) responsible for making such reports and issuing such certificates as are required under the Mental Deficiency Acts in connection with Section 57 of the Education Act, 1944 ;

(iv) responsible for undertaking such examinations as are necessary to ensure cleanliness under Section 54 of the Education Act, 1944 ;

(v) responsible for giving such advice in regard to the health of th school population and the school health services [of the Borough as may be necessary or desirable.

(*b*) The said officer shall—

(i) attend all meetings of the Committee for Education [and th Borough Council] and any Committees and Sub-Committee thereof at which his attendance may be required ;

(ii) furnish such statistics and reports as may be required from time t time by or on behalf of [the Borough Council or] the Count Council.

(*c*) The said officer shall undertake such other duties as may from time t time be prescribed by or on behalf of the County Council [or, pursuan to the Education (Divisional Administration) Scheme, 1945, by th Borough Council].

(*d*) The said officer shall comply with all such instructions as may fro time to time be given by or on behalf of the County Council [or, pursuan to the Education (Divisional Administration) Scheme, 1945, by th Borough Council].

As a preliminary measure also and pending the making of permanent arrange ments it was further agreed prior to the Appointed Day that, to such an extent as might be necessary to supplement the staff required to assist Area Medical Officers i the performance of their duties, the staff of the County District Council would b available. The position in regard to such assistance of an administrative and clerica character was finalised during 1951 by the adoption of a standard establishment fo each of the eleven Health Areas as follows :—

Grade or Division	*North-East Essex*	*Mid-Essex*	*South-East Essex*	*South Essex*	*Forest*	*Rom-ford*	*Bark-ing*	*Dagen-ham*	*Ilford*	*Leyton*	*Wal-tham-stow*
A.P.T. VI	1	1	1	1	1	1	1	1	1	1	1
A.P.T. IV	1	1	1	1	1	1	1	1	1	1	1
A.P.T. II	2	2	2	2	2	2	2	2	2	2	2
C.D. ..	3	2	2	3	3	2	3	2	3	2	3
G.D. ..	11	11	8	14	11	6	13	7	17	7	13
Totals	18	17	14	21	18	12	20	13	24	13	20

The formulation of a similar standard establishment in respect to medical and nursi and other staff is under consideration.

So far as the five rural and semi-urban Health Areas are concerned the Clerk of t County Council undertakes the committee work involved ; the financial work is carri out by an Area Financial Officer on the staff of the County Treasurer and local Buildi Surveyors on the staff of the County Architect carry out certain duties in connecti

th the care and maintenance of buildings. In the six Health Areas adjacent to the etropolis the Town Clerk and Borough Treasurer respectively each hold part-time ppointments with the County Council whilst the Borough Engineer and Surveyor or e Borough Education Architect carry out certain duties for the County Architect so as part-time officers of the County Council.

The administrative organisation described above was not accepted by the County istrict Councils in the County without demur, and, as has been previously indicated, as in fact implemented for an experimental period of two years only in the first stance. At the end of that period steps were taken by the County Council for a view of the whole of the arrangements for decentralisation, and several conferences various levels have been held since, but it is fairly obvious that apart from minor djustments which may be necessary here and there, the arrangements will continue existence on the present lines. This may reasonably be taken as a tribute to the manner in which the vexed question of decentralisation has been handled in Essex. Whilst the County Council have reserved to themselves the determination of policy nd maintained control of expenditure they have, within these bounds, given Health Area ub-Committees complete freedom of action, and at officer level, although it has always een made clear that the advice and assistance of officers on the central office staff are eely available, Area Medical Officers and their staffs have been encouraged to make heir own decisions and solve their own problems. Considerable advantages are thus erived by the community as a whole from the fund of local knowledge and experience hich is, by means of a comprehensive scheme of decentralisation, placed at the disosal of a Service in which individual needs and circumstances count for so much.

Joint Arrangements with other Local Health Authorities: With its opulation of more than a million and a half, the Administrative County of Essex as at resent constituted makes a reasonable self-contained unit for all purposes in conection with the Health Services and it has not, therefore, been necessary to conclude ny joint arrangements with other Local Health Authorities except in so far as they ay be required in border areas to prevent overlapping (e.g. in connection with Amulance Service communications (*q.v.*)).

2. Co-ordination and Co-operation with other parts of the National Health Service.

General Arrangements: The necessity for some means by which the activities f the Local Health Authority, the Regional Hospital Boards and the Executive Council, ach of them responsible for part of the service provided under the National Health ervice Act, 1946, could be integrated and co-ordinated was realised from the very eginning, and an important step was taken towards the achievement of this end when n the autumn of 1950 a Joint Committee known as the *National Health Service Joint Advisory Committee for Essex* was established. It consists of representatives, both nembers and officers, of the County Council, the North-East Metropolitan Regional Hospital Board (the interest of the East Anglian Regional Hospital Board in the ervices provided in the County being very small they have agreed to conform o any decisions arrived at by the North-East Metropolitan Regional Hospital Board s the result of joint discussions), the Executive Council for Essex, the Essex

Local Medical Committee, the Essex Local Dental Committee and the Essex Local Pharmaceutical Committee. It meets as and when required, and the secretarial work is undertaken by the Clerk of the Executive Council for Essex.

The value of such a joint committee has been proved many times since its inception, particularly in regard to the provision to be made in connection with the Health Services in the New Towns and on the many London County Council estates which have been in process of building during the post-war years.

These particular matters are dealt with by a Sub-Committee of the Joint Committee known as the *New Towns and Estates Sub-Committee* which has made a practice of meeting from time to time in conjunction with representatives of the Harlow and Basildon Development Corporations and the London County Council. One of the most difficult problems which has presented itself for solution by this Sub-Committee is the provision of reasonable and adequate accommodation for doctors providing the general medical services pending the erection of some form of health centre accommodation, but with the good will of the representatives of the Development Corporations, the London County Council and the Executive Council for Essex it has in the main been possible to find satisfactory temporary solutions.

Other matters discussed at the main Committee relate to the necessity for close integration between the three branches of the service in connection with the use of ambulances; the desirability of co-ordinating action in regard to the employment of Psychiatric Social Workers as between the Local Health Authority and Hospital services; the furnishing of information in regard to persons discharged from hospital to enable the Local Health Authority to carry out its functions; and the effect of the shortage of hospital accommodation for chronic sick persons on the calls made upon the Domestic Help Service.

There are in addition many opportunities which arise for frequent contacts at officer level with the three branches of the service. Notably there are the periodical conferences between officers of the Ministry of Health, the four Metropolitan Regional Hospital Boards and Medical Officers of Health in the Home Counties which are arranged by the Medical Officer of Health of the London County Council and a similarly constituted conference arranged by the Senior Administrative Medical Officer of the East Anglian Regional Hospital Board which meets from time to time. It is also of great value that the County Medical Officer of Health is a member of the Local Medical Committee.

Co-ordination and co-operation achieved by the means outlined above made it largely unnecessary to take any further action as a result of the Report of the Central Health Services Council on Co-operation in the National Health Service.

Co-operation Between Officers of the Local Health Authority and Hospitals and General Practitioners: There is no well defined scheme for fostering good relations between hospitals and general practitioners and the medical and nursing staff employed by the County Council, but the Area Medical Officers in charge of the eleven Health Areas have been encouraged from the inception of the Service to experiment on the following basis :—

(*a*) There should be the closest co-operation between the County Council's medical and nursing staff and the staffs of hospitals. (As a result, in at least four Areas of the County arrangements exist whereby Assistant County Medical Officers and Health Visitors undertake ward rounds in conjunction with specialists attached to hospitals in the Area concerned. The Health Visitor's attendance is primarily to advise the specialist in regard to (*a*) the home conditions of children seen at home ; (*b*) other members of the family ; and (*c*) attendance at Welfare Clinics. Subsequent to discharge from hospital the Health Visitor in the course of her normal duties advises parents on such matters as treatment and diet, and informs the specialist concerned immediately if anything goes wrong with the patient. Mothers of children are very appreciative of the interest and help thus made available. These arrangements are also referred to later in the report).

(*b*) Each Health Visitor and Midwife should become personally acquainted with all general practitioners in her district, introductions being effected where necessary through the offices of Assistant County Medical Officers.

(*c*) Health Visitors should play their part in keeping general practitioners informed about the progress of their patients who are under special supervision for any reason, or for example, where a child has been ascertained as a handicapped pupil.

(*d*) General practitioners should be made aware of some focal point where they can immediately get into touch with a Health Visitor. The health centres envisaged by the Act are obviously ideal for this purpose, but until they become available the *ad hoc* health services clinics which have been established serve the purpose, or in very rural areas the nearest Child Welfare Centre. In addition general practitioners ought to be advised of the days and times of the various sessions held at those clinics, and given a clear indication as to when the Health Visitor is in attendance. (In three of the eleven Health Areas there are schemes already in existence in regard to which general practitioners have expressed their pleasure. These arrangements are also referred to later in the report).

(*e*) Conferences of Health Visitors should be convened from time to time by Area Medical Officers to which general practitioners should be invited.

Steps Taken to Inform General Practitioners and the Public about rvices Available : Before the National Health Service came into being a small oklet entitled " The Essex County Health Handbook " had been published in conıction with Edward J. Burrow & Co., Ltd., of Cheltenham which gave full details the health services then provided by the County Council.

This booklet was exceptionally well received, and in 1949 the publishers asked if ey might proceed with the publication of a second edition. The opportunity was erefore taken to re-write the text completely, incorporating (with the co-operation the two Regional Hospital Boards, the Executive Council for Essex and local offices the Ministries of National Assistance, National Insurance and Food) a comprehensive scription of all the services available to the public. The publishers as in the case of

the previous edition supplied 4,000 copies over a period of two years, and the County Council purchased a further 3,000 copies, making in all 7,000 copies which were widely distributed to general practitioners, hospital staffs, members of the staff of the Department, head teachers, members and officers of the County Council and County District Councils, libraries, citizens advice bureaux and many other classes of social workers. In addition copies were distributed to the general public in connection with lectures and exhibitions which took place as part of the Department's health education activities.

A third and greatly improved edition of the booklet is at present in process of distribution.

One of the main difficulties encountered in connection with this project is the fact that the subject matter tends to become out of date in important particulars very quickly. To overcome this, typewritten amendment slips are issued from time to time (a pocket to hold them being provided at the back of the present edition) and these are incorporated into a single printed document at the end of the first year of circulation.

Arrangements also exist for 2,500 copies of the journal " Better Health," which is published by the Central Council for Health Education to be distributed each month with a double-sided page of local news and information to Medical Officers of Health clinics, health visitors, head teachers of schools and public libraries.

It will be observed that information in regard to the services provided is thus made available to both the public and general practitioners. In addition, however, to make quite sure that every general practitioner in the County is aware of the services provided every doctor who takes up practice in the County, as notified on the particulars of additions to the Executive Council's Medical List (which are received regularly in the Department) is immediately written to in the following form :—

> " I am informed that you have recently taken up practice in
> and I have pleasure in sending you a copy of the Essex County Health Handbook which will give you an outline of the Health Services available in the County and also some useful addresses.
>
> You will see that for the purpose of day-to-day administration of most of the County Health Services, the County is divided into eleven Health Areas and that Dr. is the Area Medical Officer for the Health Area, in which your practice is situated. He has been notified that you have taken up practice and will be pleased to give you any further particulars in regard to the Services which you may require.
>
> In the meantime, may I draw your attention to the following matters particularly :—
>
> *Medical Aid Fees.*
>
> If you are called in on a Medical Aid Form to assist a midwife in case of emergency, you are entitled to claim a fee from the County Council, subject to your not having agreed to provide Maternity Medical Services under Part IV of the National Health Service Act. Will you please note that the statutory time limit for making your claim is three months and that neither the Ministry of Health nor the County Council have the power to meet any account submitted

after the expiration of this time limit. It will therefore be in your own interests to ensure that all accounts are sent to the Area Medical Officer as quickly as possible and well within the time statutorily specified.

Health Visiting.

Health Visitors are of course now concerned with the health of all members of the family and not only with the care of mothers and young children. I am anxious to ensure that you are able to obtain the utmost co-operation from the Health Visitors in your district, all of whom are State Registered Nurses holding the Certificate of the Central Midwives Board and the Health Visitor's Certificate of the Royal Sanitary Institute. If you require their services at any time will you please get in touch with the Area Medical Officer.

Vaccination and Immunisation.

It is the County Council's policy that vaccination against smallpox and immunisation against diphtheria and whooping cough shall be carried out by the family doctor whenever possible, although in each case and more especially in regard to immunisation, the service is provided at clinics when circumstances make this the more practical course.

So far as inoculations by general practitioners are concerned, a fee of five shillings is paid by the Council in respect of each properly completed record. Vaccine lymph, prophylactic for diphtheria immunisation and whooping cough vaccine are obtainable free of charge. If you will let me know by means of the attached postcard that you wish to take part in the Council's arrangements for vaccination and immunisation, further particulars will be forwarded to you.

Please do not hesitate to write to me or the Area Medical Officer if at any time you feel that we can assist you."

3. Joint Use of Staff.

Extent to which General Practitioners Work for the Authority: Generally speaking it is the policy of the Local Authority to staff clinics with whole-time Medical Officers, but where it is more convenient to the public or where special circumstances exist as, for example, in the New Town of Harlow, general practitioners are employed on a sessional basis at Child Welfare Centres and Ante-Natal Clinics.

Interchange of Staff between Clinics and Hospitals: In accordance with the County Council's Proposals under the Act, arrangements have been made with various Hospital Management Committees in an endeavour to integrate the Local Health Authority's services with the Hospital and Specialist services as envisaged in Ministry of Health Circular 118/47.

These arrangements are now providing opportunities for both Assistant County Medical Officers and Health Visitors to attend ward rounds with a Pædiatrician or alternatively the pædiatric out-patient clinic at fixed sessions. Whilst it has been comparatively easy to make arrangements for County staff to attend at hospitals, it has been found much more difficult to persuade hospitals that it would be advantageous to them if they on their part could send out medical officers to undertake sessions at the Local Health Authority's Child Welfare Centres on an exchange basis.

Notwithstanding these difficulties in the way of establishing fully reciprocal arrangements it has been possible to arrange for several Assistant County Medical Officers and Health Visitors to attend at various hospitals, and although this is still very much a one-sided arrangement it does allow the Pædiatrician to be kept fully informed of the previous history and home background of patients admitted from the Local Health Authority's area. It also ensures that any recommendations made for the patient's welfare on subsequent discharge from hospital will be very carefully followed up.

Another aspect of the arrangement which is of benefit to the Local Health Authority is the valuable post-graduate teaching which it provides. It is also obviously greatly to the advantage of Medical Officers and Health Visitors alike to be kept closely in touch with clinical work and up-to-date methods in modern hospital practice.

The following particulars show the extent to which these arrangements are operating at the present time :—

Mid-Essex Health Area	..	Medical Officers attend the St. John's Hospital and Chelmsford and Essex Hospital, Chelmsford, and Haymeads Hospital, Bishop's Stortford.
South Essex Health Area	..	Medical Officers attend the Orsett and Thurrock Hospitals and the Oldchurch Hospital, Romford.
Forest Health Area	..	A Medical Officer attends at Whipps Cross Hospital, Leytonstone.
Ilford Health Area	..	Medical Officers attend Ilford Maternity Home and Oldchurch Hospital, Romford.
Leyton Health Area	..	Medical Officers and Health Visitors attend Whipps Cross Hospital, Leytonstone.
Walthamstow Health Area	..	All Health Visitors attend Whipps Cross Hospital, Leytonstone, on a rota basis.

Endeavours will be made to extend and if possible amplify these arrangements in other Areas of the County as and when local circumstances permit.

4. Voluntary Organisations

Walthamstow Child Welfare Society : Arrangements made by the Borough of Walthamstow before 5th July, 1948, for the payment of an annual grant in respect to the provision of weighing, ultra-violet light treatment and massage facilities in the welfare clinic of the Walthamstow Child Welfare Society have been continued. The Society's Health Visitor also carries out domiciliary visiting of the mothers attending the clinic.

The Invalid Children's Aid Association : Considerable use is made of the facilities provided by the Invalid Children's Aid Association for arranging periods of convalescence for children. The County Council meets the cost of such convalescence and pays a small placement fee in each case in addition to an annual grant to the Association.

Chelmsford Diocesan Moral Welfare Association : In consideration of an nnual grant by the County Council, the Chelmsford Diocesan Moral Welfare Association ndertakes all work connected with the provision of temporary accommodation for nothers of illegitimate children (and the children) in their shelters and maternity home. he services provided by the Association also extend to preventive and general welfare ork in this field.

Tuberculosis Care Associations : There are sixteen voluntary tuberculosis are associations which cover the whole of the County and to which substantial financial ssistance is given by the County Council on the basis of the population served. Their ctivities are carried out in accordance with a general policy formulated by the County ouncil ; they make grants to tuberculous patients and their families covering such ems as (*a*) milk ; (*b*) groceries ; (*c*) fuel ; (*d*) fares to visit patients in hospital ;) clothing ; (*f*) children's holidays ; (*g*) diversional therapy ; (*h*) Christmas gifts ; and) other items such as personal comforts, furniture removals, wireless licences and mall debts.

The British Red Cross Society and the St. John Ambulance Brigade : oth the British Red Cross Society and the St. John Ambulance Brigade provide rticles of sickroom equipment and there is informal co-operation with both in respect f the County Council's own scheme for the provision of sickroom equipment under ection 28 of the National Health Service Act, 1946.

In some parts of the County members of both organisations assist District Nurses y attending upon the sick.

By arrangement with the County Council, who pay a grant of 3/6d. a year in spect of each patient concerned, the St. John and British Red Cross Hospital Library epartment lend books to tuberculous patients in their own homes.

The Home Ambulance Service of the St. John Ambulance Brigade and the British ed Cross Society co-operate with the County Council by providing ambulance vehicles nd personnel in a few parts of the County where the County Council have no am- ulance stations. Grants are made to these organisations in respect of this service.

Considerable use is made of the Hospital Car Service for the conveyance of sitting- ases for the transport of whom the County Council's ambulance service is responsible. ayment is made to the Hospital Car Service on a mileage basis.

Women's Voluntary Services : The local branches of the Women's Voluntary ervices co-operate with the County Council from time to time by providing the services f a woman to sit-in with old people living alone and with cases of sickness which are ot within the province of the Domestic Help Service.

They also assist by providing layettes and clothing for needy patients.

The Mental After-Care Association arranges convalescence for Essex patients ischarged from mental hospitals.

The Institute of Social Psychiatry is responsible for social clubs at which ssex patients attend.

The Guardianship Society and the National Association for Mental [ealth assist in finding holiday accommodation for mentally defective patients.

PARTICULAR SERVICES

5. Health Centres

In accordance with the general policy laid down in Ministry of Health Circular 3/48 the main action taken in connection with Health Centres since the inception of the National Health Service has been the earmarking of suitable sites with a view to their availability when it becomes possible to take more positive steps on the lines visualised in the Act. Nevertheless, owing to special circumstances arising mainly from post war housing development in the County several experiments in connection with the provision of buildings of this type are being carried out and details are given below.

Provision of General Dental Service in Certain Health Areas : In order to preserve the *status quo* in connection with general dental services provided by the Boroughs of Barking and Walthamstow prior to the Act of 1946 coming into operation the County Council were advised by the Ministry of Health that it would be necessary to submit formal Proposals under the Act. As a result, therefore, at the undermentioned premises the facilities ordinarily available at Health Centres are provided under agreement between the County Council and the Executive Council for Essex in connection with the general dental service :—

Barking Health Area	..	Central Health Services Clinic
		Manor Health Services Clinic
		Bifrons Health Services Clinic
		Woodward Health Services Clinic
		Porters Avenue Health Services Clinic
Walthamstow Health Area	..	Town Hall Health Services Clinic

In connection with this service there is also an agreement with the Executive Council in regard to the use of the services of certain of the County Council's dental officers.

Harold Hill Housing Estate, Romford Health Area : The development of this Estate by the London County Council is now practically complete. The ultimate population will be 25,000 people. Arrangements for the erection of a Health Centre of an experimental nature at an estimated cost of £35,763 are in an advanced stage. The building will provide accommodation for four general practitioners, for two dentists and for the school and local health services.

Aveley Housing Estate, South Essex Health Area : This London County Council Housing Estate is also nearing completion and Proposals are forward for the provision of a similar Health Centre building. In the meantime, in order to meet the needs of the population, which it is expected will ultimately be in the region of 28,000 persons, the establishment of a smaller building to house Local Authority Clinics but capable of extension at a later date to provide surgeries for doctors is under active consideration.

Basildon New Town, South-East Essex Health Area : Negotiations are proceeding with the Executive Council for Essex regarding the extent of the needs at Basildon with a view to some Health Centre provision being made in this rapidly developing town.

Harlow New Town, Forest Health Area : The provision of a small centre to erve the Mark Hall (North) Neighbourhood Unit at Harlow consisting of two adapted emi-detached dwelling houses which was opened early in 1952 is of considerable nterest as an experiment. The whole scheme was carried out by the Harlow New 'own Development Corporation with the assistance of grants from the Nuffield Pro- incial Hospitals Trust. The building, which is known as Haygarth House, provides nder admittedly somewhat cramped conditions three doctors' surgeries, a general vaiting room, a dental surgery with a small laboratory and accommodation for Local uthority Clinics. It has, nevertheless, been found to be a practicable proposition or dealing reasonably with the requirements of a population of about 10,000. A small House Committee representative of all the interests involved is responsible for the day o day running of the Centre.

The experiment has proved so successful that a suggestion has been made for xtensions to Haygarth House and for the provision of similar centres in other Neigh- ourhood Units.

6. Care of Expectant and Nursing Mothers and Children under School age.

One of the effects of the introduction of the National Health Service Act was that ocal Health Authorities became responsible for the care of mothers and young children. his meant that all the autonomous Child Welfare Authorities which were in existence n the Administrative County at the time the Act came into effect were automatically bsorbed into the wider administrative control of the County Council.

The County Council's decentralisation arrangements caused a major upheaval nd a complete re-organisation of the work in the central office, but it speaks well for ne efforts and co-operation of all concerned that no undue difficulties were encountered, nd, apart from the inevitable and temporary increased pressure of work on the central ffice staff, all the re-organisation was carried out very smoothly, and the process of ecentralisation was completed by the end of 1950.

As part of the re-organisation in the central office a Child Health Section was stablished to replace the former Child Welfare and School Health Sections with a enior Medical Officer in charge. This was a logical and overdue development of the ffice, incorporating, as it did, all the administrative arrangements in one section, not nly from birth to five years, but also from five years until school leaving age, the tter, of course, being the concern of the School Health Service.

Ante-Natal Care : In common with the rest of the country there has been a rop in attendances at medical sessions at County Council ante-natal clinics partly s a result of the institution of maternity medical services, although this has not ffected the part of the County adjacent to the Metropolis. The increase in maternity eds, the falling birth rate, and the tripartite division of responsibility for midwifery nder the Act have all had their effect. Whilst some hospitals are prepared to entrust ne intermediate examinations of hospital booked cases to County Council clinics so ng as the women attend the hospital on booking and about the 34th to 36th week of regnancy, other hospitals are insistent upon the patient attending the hospital thr ough- ut pregnancy.

In most Health Areas the medical sessions are staffed by full-time assistant medica officers but in some, general practitioners are employed on a sessional basis. In Healt Areas where there had formerly been a borough maternity hospital, as in North-Eas Essex (Colchester), Barking, Ilford and Walthamstow, there is still some interminglin of the ante-natal and post-natal services between hospital and County staff, and a Colchester the County Council's ante-natal sessions are carried out by a senior hospita medical officer. In Barking, Dagenham and Ilford a specialist ante-natal clinic starte by the respective Boroughs is still held. In other areas there is good liaison wit hospitals, but more by referring cases of difficulty to hospital clinics than by the arrang ment of *ad hoc* sessions.

In the South-East Essex Health Area the consultant obstetrician from the Roch ford Hospital holds a session at three of the County Council's centres in differen districts ; she sees all the patients booked for the hospital and also any cases on whic a second opinion is required. This arrangement was made primarily because of lac of facilities for an ante-natal session at the hospital.

Blood Testing Arrangements : It is a routine that every woman attending clinic has a sample of blood taken for testing. When the report is received she is give a copy on a card which she is advised to carry with her always. At some clinics hæmo globin estimations are done on the spot, at others an oxalated sample is sent to th laboratory undertaking Wassermann and Kahn tests and Rhesus typing for the clini Most laboratories are prepared to do ABO grouping but during 1952 one laborator in the County gave it up, partly on the grounds that cross matching was in any cas essential before a transfusion was given and partly because the laboratory could no cope with the volume of work. The Regional Transfusion Centre at Cambridge whic serves the north-west corner of Essex likes to check the ABO group and Rhesus typ even of multigravidæ who are known to be Rhesus positive and whose previous ob stetric history has been uneventful.

Post–Natal Care : It would seem that post-natal clinics have never acquire the popularity of ante-natal clinics. Facilities for post-natal examination are availab in all Health Areas either at separate sessions or during an ante-natal clinic. In som Health Areas combined post-natal and birth control clinics are held, and in three Healt Areas an arrangement with the Family Planning Association was in existence prior t the Appointed Day and has been continued.

Child Welfare Centres : During the period under review there has been n diminution in the popularity of the Child Welfare Centre, which continues to be one the most successful means of educating mothers in the care and upbringing of your children.

It is, however, true to say that during the past 20 years or so the work of th Centres has been undergoing a change, to the extent that, apart from routine examin tions at regular specified intervals, there are now very few children being brought the Centres with urgent medical problems requiring the services of a Medical Office This is undoubtedly in part due to the fact that we are now seeing the babies of mothe who were themselves brought to the Centres as babies a generation ago, and who ha been brought up in sound principles of healthy living acquired by their own mothers a result of instruction which they received at Child Welfare Centres many years ag

The improved standards of living and improved general health of the population as a whole, coupled with an all round increase in the level of general education among the adult population, are also obvious factors in the reduction of illness and feeding difficulties in childhood.

In order to meet this changing situation, and also to use medical staffs economically and to the best advantage, it is now the policy in many parts of the County for a Medical Officer to be in attendance only at certain specified sessions (e.g. perhaps once a month), whilst the remaining sessions are carried on quite efficiently by the Health Visitor. Another feature of the present day Child Welfare Centre is that on the day of the Medical Officer's attendance it is now almost the universal practice for diphtheria immunisation to be available during the session.

There are still some remote rural areas where provision of a fully equipped Child Welfare Centre could not be justified, and yet a need exists for a centre where mothers and infants can attend periodically for advice and health education. To meet such needs it is still the practice to establish Weighing Centres, which are usually held once in three months with a Health Visitor in attendance. In circumstances where even the establishment of a Weighing Centre could not be justified, there are schemes for the provision of transport for conveying mothers and children to the nearest Child Welfare Centre.

By these means it can be said that every part of the County, however remote, is catered for as regards Child Welfare Centres and Weighing Centres. At the end of the year 1952 there were 232 Child Welfare Centres in operation as compared with 211 at the end of 1948.

Special Clinics : During the year 1952 an interesting innovation was started at the West Avenue Child Welfare Centre in Walthamstow in connection with which a Psychiatrist attends once a month at the ordinary Child Welfare Session in order to advise mothers regarding emotional difficulties being experienced with their children. By this means it is possible to discover and correct incipient maladjustments in their earliest stages. As the root cause of the trouble with very young children usually originates from faulty management on the mother's part it is often a simple matter to correct a child's behaviour problem by getting the mother to comprehend the situation and explaining the correct procedure to adopt in meeting it. This experiment has proved a great success and, by discovering and treating children in the earliest stage of an emotional behaviour problem, is undoubtedly preventing the development of those mild cases which, in the absence of treatment or guidance, would later on become well established problems in child maladjustment, requiring either treatment at the Child Guidance Clinic or even admission to a Special School for Maladjusted Children.

A special clinic has been established in the Ilford Health Area to deal with children suffering from enuresis. An Assistant County Medical Officer specially interested in this subject has taken charge of the clinic, and although most of the children attending are of school age, arrangements have also been made for a number of children under the age of five years to attend. It has been fundamental to the establishment of this clinic that the fullest liaison and co-operation is maintained with the child's family doctor throughout the treatment of the case, and before a child is taken on at the clinic an assurance is obtained from the practitioner that he is willing for the child to

attend for examination and treatment. There has been a great deal of co-operation from the practitioners concerned and a general desire that clinic treatment should be provided for these very difficult and often intractable cases. In consequence of the frequent psychological associations with enuresis, some of the cases are referred to the Child Guidance Clinic, and only cases where there is no evidence of psychological disturbance are dealt with at the clinic.

Pædiatric sessions have been established as under :—

Barking Health Area	..	Upney Lane Health Services Clinic (fortnightly)
Ilford Health Area	..	Valentines Mansion Health Services Clinic (fortnightly).
Walthamstow Health Area		Town Hall Health Services Clinic (twice monthly).

The pædiatrician is supplied by the North-East Metropolitan Regional Hospital Board in all instances.

A rheumatism clinic is held weekly at the Health Services Clinic, Newbury Hall, Perryman's Farm Road, Ilford, whilst a cardiac clinic is also held at Newbury Hall with monthly sessions. The same physician attends both these clinics, his services being provided by the Regional Hospital Board. A cardiac and rheumatism clinic is also held at the Town Hall, Walthamstow at which a physician provided by the Regional Hospital Board attends once a month.

Clinics held by General Practitioners in their own Premises : Whilst in certain instances as indicated above, general practitioners are employed to undertake sessional duties at Child Welfare Centres in no case is the centre held on the doctor's own premises.

Care of the Unmarried Mother and her Child : The Chelmsford Diocesan Moral Welfare Association have for a number of years maintained five shelters and one maternity home within the Administrative County as well as two other shelters in County Boroughs adjoining the County. These provided approximately 70 beds used mainly for pregnant unmarried girls in Essex who required temporary accommodation. Between 1945 and 1950 the County Council had a Hostel of their own to serve as a mother and baby home but the accommodation available in it was only about one-fifth of that provided by the Diocesan Association and with the fall in the illegitimate birth rate it was not considered justifiable to continue to use it for this purpose as there was inevitably some overlapping with the work of the Diocesan Association.

During 1950, therefore, an agreement was concluded between the County Council and the Chelmsford Diocesan Moral Welfare Association whereby the Association undertook on behalf of the Health Committee all work in connection with the provision of temporary accommodation for unmarried mothers and their newly born babies. Formerly a grant to the Association had been made by such Committees of the County Council as had a duty to provide accommodation in such cases when it was necessary.

The financial basis of the agreement was that the County Council should make an annual grant to the Association based on the overhead costs of the five shelters and the maternity home maintained by the Association plus a proportion of the salary of the

rganising Secretary and her assistant. At the time it was understood that the ssociation would continue to receive allowances from the National Assistance Board appropriate cases and no contribution was therefore made by the County Council wards the cost of maintenance of individual cases. During 1952 the National ssistance Board ceased to pay contributions to girls entitled to such assistance who ere in Diocesan Shelters and a final decision on the financial responsibility in such ses has still to be made. The terms of the agreement between the County Council nd the Association also included a provision that the representation of the County ouncil on the main executive body of the Association should be increased from three five members, and that facilities for inspection of the hostels should be afforded to ficers of the County Council.

Ante-Natal Care of Unmarried Mothers : Whereas at one time the unarried mother received very little ante-natal care it is now only exceptionally that e fails to attend either her own doctor, a County Council clinic or a hospital for antetal supervision. The extra rations available to expectant mothers and the fact at no differentiation is made between the married and the unmarried by anyone ndertaking ante-natal supervision have combined to encourage the unmarried girl to cept all the advice which is available.

Those who have a period of residence in a Diocesan Hostel are afforded opportnities for instruction in cookery, housecraft and mothercraft while the importance a properly balanced diet is stressed and the superintendents of hostels ensure that y medical advice is followed.

A still birth rate in 1952 of 28 per 1,000 for illegitimate births compared with a te of 21 per 1,000 for legitimate births and an illegitimate infant mortality rate of is evidence that the care afforded in pregnancy to such mothers and afterwards their children is reasonably good.

Mothercraft Training : One of the main functions of a Local Health Authority te-natal clinic is to help every mother who attends the clinic to deal with her own dividual problems in connection with her pregnancy and the subsequent care of her by, reassuring her, advising her on diet and preparing her for successful breast feeding. this sense every mother who attends a Local Health Authority clinic receives motheraft training, an aspect of ante-natal care which does not always receive the same tention in a busy hospital ante-natal clinic.

In addition, group teaching is available at some clinics when it is found possible allocate an extra Health Visitor for this purpose. Film strips are also used and within e last year ante-natal relaxation classes have been combined with general motheraft training in several Health Areas.

Arrangements for Supply of Maternity Outfits : Maternity outfits are ailable either at the Health Area office, at clinics, or from the midwife. In some ral parts of the County where the midwife has not sufficient accommodation to keep stock of outfits and where the clinic is not within easy reach of the patient's home e midwife collects the outfit by car from the clinic and delivers it to the patient's use.

Enquiry into Virus Infection during Pregnancy : In connection with the nistry of Health's Enquiry into Virus Infection during Pregnancy, 237 cases were

registered in Essex, and of these 206 are being followed up, the remainder having bee removed from the register for various reasons. The Enquiry was terminated at th end of 1952 with the proviso that all registered cases should be followed up until th baby's second birthday.

Care of Premature Babies : The reduction of the deaths of premature babi is becoming largely a matter of reduction of hospital deaths. This is particularly th case in the six Health Areas adjoining the Metropolis where in 1951 for instance only on death occurred among premature babies born and nursed at home. In these Areas (with total of 8,530 births) 71.7 per cent. of all births registered in 1951 occurred in hospita There is no difficulty in obtaining immediate admission to hospital in these Healt Areas of any woman who goes into labour prematurely and so far as the small pe centage who are confined at home are concerned, a bed in a premature baby unit ca be obtained quickly if the general practitioner has any doubt as to the advisability nursing the baby at home.

The question of supplying special cots, hot water bottles, etc., hardly arises whe the mother from the poorer home—where improvising is a difficulty and hot wat bottles not easily available—has already booked a hospital bed. Midwives are, course, supplied with mucus catheters as part of their routine equipment.

In the smaller urban communities and the rural districts of Essex it is obvious not quite so easy to ensure that there is always a hospital bed for a mother who go into labour prematurely although the premature baby unit at the St. John's Hospita Chelmsford, is prepared to accept premature babies born on the district within radius of 20 miles or so of the hospital and a similar unit at the Rochford Hospit serves the extreme south-east of the County. From both units a flying squad available and the St. John's Hospital unit is also prepared to loan necessary items equipment for nursing a premature baby at home should the need arise. It is onl very occasionally that this equipment is likely to be required in domiciliary practic and a hospital serving the district is the most suitable place to store it.

Courses of lectures on the care of the premature baby given by the Pædiatricia at the St. John's Hospital, Chelmsford have been attended by midwives and healt visitors working in the Health Areas served by the hospital to ensure that they a conversant with modern views on treatment. The advisability of sending midwive for a three to six months course in a premature baby unit was considered but it di not seem justifiable at a time when each midwife could not expect to have more tha one premature baby a year to nurse at home and when it would be impracticable t keep a few specially trained midwives covering the whole County for domiciliary pre mature births.

Student district nurses who undergo training in the County receive one lectur on the care of premature babies in their syllabus of training.

Enquiry into Prematurity : In September, 1952, at the request of the Nationa Birthday Trust Fund arrangements were made to participate in an Enquiry int Prematurity in the Barking, Dagenham, Ilford, Leyton and Walthamstow Healt Areas. The Enquiry is still proceeding, its object being to endeavour to ascertain th causes of prematurity.

Supply of Dried Milks, Etc. : Close co-operation exists between the Health Department and the Ministry of Food in connection with the distribution of welfare foods available under the Government Welfare Foods Scheme to mothers and young children. Arrangements exist at almost all Child Welfare Centres for supplies of National Dried Milk, Cod Liver Oil, Orange Juice, and Vitamin A and D Capsules to be available so that mothers may collect them there, thus saving journeys to Local Food Offices which, in some of the country districts, may be several miles away. These arrangements work very well indeed, and are greatly appreciated by mothers. In many of the larger Centres where there is inevitably a large turnover, a representative from the Local Food Office attends during the session and deals personally with the work of distribution. In many of the smaller Centres, however, the Local Food Office provides the supplies but takes no part in their distribution. In these circumstances the work of distribution is usually delegated to one of the Voluntary Workers attached to the Child Welfare Centre ; this is one of the ways in which Voluntary Workers are still able to give very valuable help in the work at the Centres.

In addition to these arrangements the County Council have also made their own scheme providing for the availability of other dried milks and nutrients to mothers and children attending the Centres. Similarly a limited number of specially selected medicaments are also available for the treatment of minor conditions which would hardly justify the formality of reference to the family doctor. Supplies of these nutrients and medicaments are stocked at the Centres in instances where the storage accommodation is suitable and adequate, but at some of the Centres in rural parts this is not always possible, and in these circumstances the Health Visitor either conveys in her car a sufficient quantity of the more frequently required items to meet the needs of mothers and children attending a particular session, or the mother is provided with a voucher signed by the Medical Officer enabling her to collect the necessary nutrients or medicaments from a local chemist. Medicaments are provided free, but nutrients are usually paid for at a reduced clinic price.

Dental Care : The shortage of dental surgeons over the whole period under review has created many difficulties in providing expectant and nursing mothers and children of pre-school age with dental treatment, and it became inevitable that the priority Dental Service had to be curtailed within the limits set by the numbers of dental staff available. The dental prosthetic service has, however, been developed by greater use being made of the County Council's workshops at Barking and Walthamstow for the making and repairing of dentures. It is hoped that ultimately all such work will be undertaken in the Council's own workshops, thereby securing a more economical prosthetic service.

The appointment of two Oral Hygienists, one in the Barking Health Area and one in the Leyton Health Area (who also assists in the Walthamstow Health Area) has to some extent relieved dental surgeons of the routine work in connection with scaling and gum treatment.

Fluorine and Dental Caries : Towards the end of 1950 an interesting experiment was carried out in certain parts of the County with a view to determining the effect on children's teeth of the presence of fluorine in the public water supply. The survey closed in September, 1951, when 1,371 school children of all ages had been

inspected in various schools and had been classified as residing in four group areas i.e. (i) a high fluorine area ; (ii) a mixed area ; (iii) a low fluorine area ; and (iv) a fluorine-free area.

The results obtained cannot be said to prove conclusively that the presence of fluorine in the water supplies in some parts of Essex is having a beneficial effect by checking dental caries but the results are certainly most easily explained on that hypothesis. The fact that the same results are found for children of different ages and in respect of temporary as well as permanent teeth is very striking and shows that there is some factor, independent of age, which acts with different force in the four groups of areas. Environmental and economic factors might act in this way but differences are not consistent with any reasonable explanation along these lines.

In the Borough of Maldon and in the Urban District of Burnham-on-Crouch where there is an exceptionally high concentration of fluorine in the water, the significant fact which emerged was that children had a low dental caries rate compared with children living elsewhere, and thus it is reasonable to assume that this was due to the high concentration of fluorine in the water.

Day Nursery Accommodation : At the end of the year 1948 there were 33 day nurseries functioning throughout the County with a total accommodation for 1,522 children. All the nurseries are visited periodically by inspectors from the Ministries of Health and Education, and at the end of the year 1952, out of 33 nurseries 21 were approved as training establishments for students wishing to work for the Certificate of the National Nursery Examination Board.

During the last few years consideration has frequently been given to ways and means whereby the waiting lists at the Day Nurseries could be reduced, and although a careful assessment of the medical and social needs of each individual application has been made, there has been no appreciable reduction in the number of children awaiting admission, and at the end of the year 1952 the number was 895.

Towards the end of the year 1952, consideration was being given to an upward revision of the standard daily charge and a concurrent revision of the County Contributions Scale so far as it affected children in attendance at nurseries.

Registered Daily Guardians : A uniform scheme has been evolved for application to all Health Areas as and when required for the provision of Registered Daily Guardians. At present such a scheme is in operation in the Forest, Dagenham and Walthamstow Health Areas, and at the end of the year 1952 there were 221 registered daily guardians and 104 children being cared for under these arrangements.

It was hoped that this scheme, together with the provisions of the Nurseries and Child Minders Regulation Act, 1948, would, to an appreciable extent, supplement the provision made by the County Council for Day Nurseries, Nursery Schools and Nursery Classes, and would relieve, to some extent, the pressure on Day Nurseries. The total number of children being dealt with at the end of the year 1952 under these schemes was very small by comparison with the total number of children accommodated in Day Nurseries, particularly when the large number still on the waiting lists is also taken into consideration.

7. Domiciliary Midwifery

General Arrangements for the Service : Apart from two small district midwifery training units of the Salvation Army Mothers' Hospital, Clapton, which are situated in Dagenham and Ilford, practically all the domiciliary midwifery in the County is carried out by midwives employed by the County Council. The type of staff employed varies according to the locality.

In the six Health Areas of Essex adjoining the Metropolis the work is carried out by full-time midwives. It is particularly in these Health Areas that the percentage of hospital confinements is high (up to a maximum of 80 per cent. in Barking in 1952), and the problem has been to keep the midwives fully employed. When as in some cases they are assisted by pupils the under-employment becomes more acute and in such cases midwives who are also state registered nurses are being asked to undertake home nursing duties.

The three Health Areas which have small urban communities but are mainly rural are staffed by home nurse-midwives who combine home nursing with midwifery ; while in the remaining two Health Areas which approach the Metropolitan fringe, where there are larger urban communities and a rural population in addition, both types of staffing are found. The increasing demand for the services of the home nurse keeps the home nurse-midwife fully employed but the decrease in midwifery in each district has an adverse effect on recruitment to the service.

Supervision of Midwives : The existing arrangements for the supervision of midwives in the Health Areas have been influenced by arrangements which were in existence before 1948 when there was a considerable amount of local autonomy in the matter. All the former Local Supervising Authorities had medical supervisors and in two instances non-medical supervision was carried out by the matron of the local maternity hospital. After the Appointed Day additional appointments of non-medical supervisors were made, so that there are now non-medical supervisors in ten of the eleven Health Areas. In four Health Areas the duties are performed by the Superintendents of the Part II Midwifery Training Homes.

The division of work between the medical and the non-medical supervisor where both exist in one Health Area usually provides for the routine inspection and nursing rounds being undertaken by the non-medical supervisor, while special investigations, e.g. of discharging eyes and rises of temperature and, in some areas, a proportion of the quarterly inspections, are the province of the medical supervisor.

Very little domiciliary midwifery is done in Essex now by independent midwives ; 8 notified their intention to practise but only three undertook more than 10 cases during 1952. Supervisors make quarterly or six-monthly inspections (depending on the extent of the midwife's practice) both of independent midwives in domiciliary practice and of those midwives practising in institutions, who, in accordance with the rules of the Central Midwives Board, are bound to allow facilities for inspection to approved officers of the Local Supervising Authority.

Administration of Analgesics by Midwives : Practically all midwives in the service of the County Council are now trained in the administration of analgesics and an increasing proportion of women avail themselves of such help.

Ante-Natal Supervision by Midwives : The arrangements for ante-natal supervision by midwives vary a good deal in different parts of the County. This is not due entirely to geographical differences in the Health Areas, although in the more rural Health Areas it is obvious that a larger proportion of the midwife's supervision must be by visiting the patient's home. In several Health Areas the midwives hold their own clinics ; this may be either in a room at their own home or at one of the County Council's clinics. In other Health Areas there are no midwives' sessions as such, the midwives attending with their patients at the medical ante-natal clinics of the County Council and completing their supervision by visiting the patient at home.

In some of the more rural areas general practitioners who hold their own ante-natal sessions appreciate the assistance of the County Council midwives at these sessions when possible. At the present time this is the exception rather than the rule, but opportunities are taken as they occur to supply this assistance as it is considered that such arrangements foster co-operation between the general practitioner and midwife.

Selection of Women Recommended on Social Grounds for Confinement in Hospital : Four Hospital Management Committees in the Administrative County have an arrangement whereby the selection of all women whose application for hospital confinement is based on home circumstances is dealt with by the Area Medical Officer and in one instance the Area Medical Officer actually controls the admission of such women. In the others a report on the home circumstances is sent to the hospital authorities indicating whether they justify the confinement taking place in hospital and a final decision is made by the hospital. In most parts of the County where hospital confinements average 70 per cent. or more of the total births (and this applies to the six Health Areas adjoining the Metropolis) there is virtually no selection of cases because, although one hospital may restrict its bookings to the generally accepted categories, there is always another hospital with beds to spare. In the Ilford Health Area an institutional rate of 73 per cent. does not entirely satisfy the demand for hospital confinement. In less highly urbanised communities the demand for hospital confinement is not so high, so that in a Health Area such as Mid-Essex with a proportion of 65 per cent. of hospital births, the hospital serving most of the Health Area does not require a report on home circumstances from the Local Health Authority.

Refresher Courses for Midwives : All midwives have facilities for post certificate instruction on the lines of those recommended for Health Visitors by the Rushcliffe Committee, and arrangements are made for each midwife or home nurse-midwife to attend a post certificate refresher course of at least one week's duration every five years. The course usually attended is one of those arranged by the Royal College of Midwives.

Arrangements for Training Pupil Midwives : When the County Council took over the work of the County and District Nursing Associations they inherited from them four Part II Midwifery Training Homes. Two of them, situated in Leytonstone and Dagenham, were approved by the Central Midwives Board as independent training units providing six months training in district midwifery for 14 and 8 pupils respectively at any one time ; the remaining two in Colchester and Walthamstow were approved by the Board in conjunction with municipal maternity hospitals and at each of these training homes only the second three months of the Part II training was undertaken

n the district. In both cases the hospitals were approved for a larger number of upils than the homes themselves. The extra district cases required in Walthamstow ad been secured by the Central Midwives Board approving the municipal midwives as istrict teachers. In the case of the Colchester Home an arrangement was entered nto with the training home at Dagenham under which a proportion of the Colchester upils was accepted there for three months district midwifery.

In the early days of the new service, in order that the position might be clearly efined so far as each training home was concerned, the Central Midwives Board were sked to give a ruling as to the number of pupils who could be accepted at each training ome at any one time, and granted approval for three months district training for not nore than six pupils at the Walthamstow Home, and not more than three at Colchester. ater, in 1949, the Board approved the Barking Maternity Hospital in affiliation with ne Part II Midwifery Training Home at Leytonstone, to receive not more than three upil midwives at any one time, for the first three months of their Part II training ; ne pupils remaining on the staff of the County Council. This increased the number f district midwifery cases available for the training of pupil midwives.

During 1950 the County Council agreed to a request from the Forest Gate Hospital o send a proportion of their pupils from the Leytonstone Training Home to take the rst three months of their training in hospital, the arrangement having been approved y the Central Midwives Board, and since that time six pupils have been sent to the ospital every three months. On occasions this number has been reduced because of ne decline in domiciliary confinements causing difficulty in finding sufficient district ases for the second three months of their training. The arrangements with the arking and Forest Gate Hospitals enable the County to double the number of mid- ives trained for a specified number of domiciliary confinements, but reduces the umber of pupils taking a full six months training on the district.

In addition to the training schemes already described and for which the County ouncil is either entirely responsible or shares the responsibility for a joint scheme ith the North-East Metropolitan Regional Hospital Board, there are two small district raining units in Dagenham and Ilford which are under the auspices of the Salvation rmy Mothers' Hospital, Clapton, and which have been continued as part of the arrange- ents which were in existence before 1948. In connection with joint schemes for the aining of pupil midwives, the County Council accept financial responsibility for the rvices on the district of midwives and pupil midwives employed by the Regional ospital Board ; the value per case of a midwife and a pupil being fixed at approxi- ately three times that of a pupil midwife only.

. Health Visiting

Prior to 5th July, 1948, the majority of Health Visitors in that part of the County r which the County Council was the Welfare Authority carried out combined duties Health Visitor, School Nurse and Tuberculosis Visitor, so that it has not been neces- ry to make any marked change in their work as a result of the Act in the greater rt of the County.

In other parts of the County, however, full-time School Nurses and full-time uberculosis Visitors were employed by the County Council and the liaison between

these and the Health Visitors employed by local Welfare Authorities in the days before the Act came into operation left much to be desired. In all such areas considerable though slow, changes have taken place to co-ordinate and correlate the work of the Health Visitors. Efforts have been made to give School Nurses and Tuberculosis Visitors the opportunity of taking the Health Visitors Training Course, and when the Health Visitors Certificate has been gained, a gradual assumption of combined duties has been undertaken. Not all full-time School Nurses and Tuberculosis Visitors are, however, trainable, for various reasons, and in such cases it is only upon resignation or retirement that combined duties can be introduced.

Full-time Tuberculosis Visitors will continue to carry out duties at Chest Clinics in the more urban areas.

The proposals approved by the Minister for this service were made on the basis of one Health Visitor to 4,000 population. In 1948 the estimated average case load was one to 8,070 and at the end of 1952 it was one to 7,380.

The gradual increase in Health Visiting staff is being effected both by recruiting staff from outside the County and by the influx of newly qualified Health Visitors trained under the Essex scheme referred to below. The new housing estates of the London County Council and the new towns of Basildon and Harlow require additional Health Visitors to deal with the increased population, so that although the actual number of Health Visitors is increasing, the case load does not show a corresponding diminution.

Co-operation between Health Visitors, General Practitioners and Hospital Staffs is referred to on pages 71 and 75.

Whilst attendances at ante-natal clinics as such are decreasing, ante-natal classes are developing as a supplementary service. Into the usual group teaching given by Health Visitors, the art of relaxation is being introduced and is proving useful. Classes are increasing, particularly where family doctors have been advised of the days and times of the classes and invited to send those expectant mothers whom they consider would derive benefit from such teaching.

At the Weighing Centres referred to on page 80 the Health Visitor carries out infant consultations and group teaching in the rural areas among small groups of 12 to 24 mothers meeting at monthly intervals. More of these Centres have been opened as here the Health Visitor is using time and qualifications to good advantage. The Weighing Centre also provides a valuable means of co-operation with the family doctor as the Health Visitor can inform him personally of any case in which she has advised the mother to consult her doctor.

With regard to the care of the aged, the Health Visitor has frequently been consulted about old persons in the families she visits. There has been an extension of her work in this field, and in one Health Area a useful pilot survey has been made of the needs of old people in which Health Visitors took a considerable share. Health Visitors as far as possible endeavour to assess and advise on how best the needs of the aged can be met within the family circle, and, if this cannot be arranged, to call in the aid of those services available from official and voluntary sources which are applicable. The promotion of good neighbourliness and simple help or a watchful eye so often meet the needs of those the Health Visitors are endeavouring to encourage.

A training course in preparation for the Health Visitor's Certificate of the Royal anitary Institute is provided jointly by the Education Committee and the Health ommittee of the County Council at the South-East Essex Technical College, Dagenham. covers one academic year (September to July) of theoretical study and practical aining. Students are under the personal care and guidance of a Health Visitor Tutor, ho organises both sides of the training and correlates the two throughout. Students onsored by the Essex County Council become members of the Health Department's aff during training and at the time of writing receive a salary at the rate of £275 a ear and a loan of up to £60.

). Home Nursing

General Arrangements for the Service and District Nurse Training : rior to the Appointed Day under the National Health Service Act, 1946, the Leyton-one Training Home undertook home nursing in Leyton and in part of the djoining County Borough of West Ham. An early review of the staffing position in ie Barking and Ilford Health Areas showed that more home nurses would have to be ovided there and it was decided to establish in both of them Branch Homes of the eytonstone Training Home. The Barking Branch Home was opened at the end of 949 with accommodation for ten nurses including two pupil midwives and two student ueen's Nurses. This home, along with the former non-training Queen's Home ccommodating three or four nurses in Barking was placed under the supervision of the uperintendent of the Training Home in Leytonstone. Suitable premises for the lford Branch Home are in process of adaptation.

Minor extensions to the Dagenham Branch Home had been started by the Essex ounty Nursing Association before July, 1948, and these were subsequently enlarged provide twelve additional bedrooms, larger dining and kitchen accommodation, ew district and midwifery duty room and more clinic accommodation. They were artially completed in 1950 by the provision of seven of the twelve bedrooms and ost of the other improvements except the clinic accommodation.

With the increased facilities thus made available a more extensive training scheme district nursing was formulated and subsequently approved by the Queen's Institute District Nursing. It came into operation in March, 1951, and the Training Home Leytonstone became the headquarters of the scheme, the other existing Part II idwifery Training Homes at Colchester, Dagenham and Walthamstow being ssociated with it along with the new Branch Home at Barking. The lectures and rrangements for the course of training for all candidates are undertaken at Leyton-one and the largest proportion of the candidates continue to receive their practical aining there as well, whilst smaller groups of candidates undertake their practical aining on the district at the other homes. The training scheme is on a block system, ctures being concentrated in the second month of the four to six months training. pproval was obtained from the Central Midwives Board for Part II Pupil Midwives attend where appropriate the same lectures as Queen's Candidates. When there e vacancies candidates from other Authorities are accepted for training.

This scheme enables students to take their whole training within the County stead of as in the past travelling to London for lectures, and it is hoped that such a

scheme will stimulate recruits to the domiciliary nursing services and provide a uni formly high standard of home nursing in Essex.

Apart from the four Health Areas served by the centrally administered Trainin Homes in Leytonstone and Dagenham, home nursing is a decentralised service. O the remaining seven Health Areas those which are mainly rural are staffed by hom nurse-midwives except where full-time midwives have been appointed in the sma towns ; two Health Areas which are on the fringe of the Metropolis, are staffed equall by home nurses, midwives, and home nurse-midwives, but the tendency in all Healt Areas is to make more combined appointments so that the work may be more equall shared among the staff.

Staffing in some Health Areas is difficult as suitable applicants for the vacancie are few and the acceptance of a post may depend, especially in rural areas, on a hous being provided. It has been possible to overcome these difficulties in some Healt Areas by co-operation from the District Councils in the provision of houses.

Co-operation with General Practitioners : There is close co-operatio between general practitioners and home nurses, which is indeed a *sine qua non* in service where in the majority of cases the nurse is carrying out the instructions of th practitioner. The nurse leaves a message paper at the patient's house with a recor of the treatment given including a pulse and temperature chart where necessary. I cases where the doctor does not consider it essential to see the nurse or telephone to her he leaves his written instructions on the nurse's message paper. On the whole th doctors send in their requests for visits early in the day but the increased use of in jections of all kinds, particularly anti-biotics, adds greatly to the nurse's evenin visits.

A practice, similar to one which has been in existence in London for many year whereby the Central Council for District Nursing provides cards for use by voluntar hospitals in referring patients to the home nurse for nursing at home, has been insti tuted throughout Essex and case vouchers, provided by the County Council, hav been distributed to hospitals for their use. When a patient is being discharged fro hospital and requires further nursing treatment, the hospital sends the voucher givin details of the patient's condition and the nursing treatment required either direct t the home nurse or to the Health Area Office. In urgent cases the message is tele phoned. At the same time the hospital notifies the patient's general practitioner o the action taken.

Classification and proportions of main Types of Cases Attended by Hom Nurses : The main groups of cases attended by home nurses are : Cardiac and Ci culatory ; Respiratory ; Senility and Cerebral Hæmorrhage ; Ear, Nose and Throat etc. ; Septic conditions ; Carcinoma and Sarcoma ; Diabetes ; Preparation fo X-ray ; Post Operative ; Tuberculosis ; Constipation ; Gynæcological ; Arthritis Rheumatism, etc. ; and Injuries.

These groups absorb up to 75 per cent. of cases but there is considerable variatio in the percentage of cases in each group according to the type of Health Area from whic the figures are drawn. In the Health Areas adjoining the Metropolis there is 10 pe

nt. to 15 per cent. of cases in each of the first four groups, 7 per cent. Septic Condi-ns, 3 per cent. to 4 per cent. in each of the groups Tuberculosis and Constipation, d only .7 per cent. Injuries. In the rural and small urban communities, whereas rdiac and Respiratory are each 10 per cent. to 15 per cent., Injuries rise to 20 per nt. and Septic Conditions to 10 per cent. to 13 per cent. In one coastal urban mmunity of 24,000 population situated in the North-East Essex Health Area, Senility d Cerebral Conditions head the list with 23 per cent. and the second in importance Constipation accounting for 17.2 per cent. of cases.

In future a more detailed analysis of cases grouped according to age and sex will undertaken but it is already clear that the nurse in the rural community is asked deal with cases of injury and accident which in a built-up area attend a general actitioner, a hospital or a Minor Ailment Clinic.

Infectious disease (other than tuberculosis) and complications of pregnancy and e puerperium do not justify separate grouping as each comprises less than 1 per cent. the total of cases.

Night Service : Any patient who is considered by a general practitioner to quire attention from a home nurse at night receives it, but arrangements have not en made to provide nurses who would remain throughout the night with one patient ; r indeed is such a service provided during the day.

There is a certain amount of confusion at the present time as to what constitutes nursing care." In the old days the district nurse made visits, for example, to cut e toe nails or to wash the hair of elderly patients. In some cases elderly infirm tients need someone with them at night either because they are becoming confused ntally and tend to get out of bed or because they require to visit the toilet and not manage without help. It can hardly be argued that a trained nurse is necessary provide assistance of this kind and at the present time members of the British Red oss Society or the St. John Ambulance Brigade very kindly give their services volun-ily for this purpose.

Refresher Courses For Nursing Staff : Home Nurses who are eligible to do attend refresher courses of not less than one week's duration arranged by the Queen's stitute of District Nursing every five years. These are available to Queen's Nurses d other State Registered Nurses but not to State Enrolled Assistant Nurses. om one-third to one-half of the home nursing in Essex is still carried out by the mer Village Nurse Midwives who received their training in Essex in district nursing conjunction with their midwifery training at the Leytonstone Training Home when was under the control of the Essex County Nursing Association and many of them re subsequently registered as State Enrolled Assistant Nurses. Towards the end the year 1952 steps were being taken to formulate a scheme to provide this class nurse with instruction in up-to-date technique at the Leytonstone Training Home.

Survey of Cancer Patients being Nursed at Home : At the request of the nt National Cancer Survey Committee a survey of cancer sufferers being nursed at ne was carried out during three months in 1951. The object of the survey was to

discover how the funds of the Marie Curie Memorial could most effectively be used fo the welfare of such patients. A questionnaire was completed by district nurses attend ing cancer sufferers in respect of 232 patients.

10. Vaccination and Immunisation

General Propaganda Arrangements : Education on the subject of vaccinatio and immunisation varying in form from Health Area to Health Area is taking plac all the time throughout the Administrative County. It includes the following :—

1. Health Visitors when visiting homes emphasise the importance of bot immunisation and vaccination and in some cases leave leaflets with conse forms attached for the parents to complete. Some Health Areas use the co sent form issued by the Ministry of Health whilst others use the consent for issued by the Central Council for Health Education.

2. Immunisation posters are displayed at all Health Services clinic Special notices are written on the blackboard from time to time at such clinic and Health Visitors and doctors give talks to mothers attending the clinics..

3. Memoranda are sent from time to time to family doctors, and to hea masters and headmistresses of schools.

4. Slides are shown in local cinemas.

5. Advertisements are published in the local press which include deta of times and places of immunisation clinics.

6. In one Health Area letters are sent to parents when the child is o month old and again when the child is nine months old.

Special Propaganda Arrangements : It is the practice for spec al propagan efforts in the County to coincide with, and be on the same lines as, national propagan which is renewed annually by the Ministry of Health in conjunction with the Centr Office of Information and this has obvious advantages but the timing has had to altered in recent years in order that propaganda will not take place at the period the year when poliomyelitis is prevalent. It is normally conducted by Area Medi Officers with the assistance of the Health Education Organiser.

Lectures : Talks are constantly being given to various organisations through the County on health education (*q.v.*) and immunisation and vaccination are t subjects of these talks from time to time. In March, 1951, a lecture by Dr. H. J. Paris Clinical Director of the Wellcome Research Laboratories on " Trends in Immunity wi Special Reference to Diphtheria " was arranged. This talk was extremely useful that as well as members of the staff of the Health Department it was attended by number of general practitioners who carry out a large proportion of the immunisati throughout the County.

Exhibitions : Every year there is a special stand on which an exhibition relati to diphtheria immunisation is staged at the Essex Agricultural Show. Similar e hibitions have toured clinics in the County and in some Health Areas major exhibitio have taken place. In one Health Area a shop window which is devoted entirely health education propaganda displayed information on diphtheria immunisation fo continuous period of three weeks.

Film Strips : A film strip on diphtheria immunisation has been purchased and gether with the projector is loaned from time to time to Health Visitors who are ving talks to mothers on the subject.

Vaccination : Special features are planned from time to time in connection with ccination. For example at the Essex Agricultural Show in 1952 the film " Surprise tack " was shown at intervals. The film has also been shown to several organisations d at clinics throughout the County, and in one Health Area a special leaflet was epared on the subject of vaccination which was distributed with the notices of the eeting.

There is at present no film strip available on the subject of vaccination, nor has a ctorial display set on the subject been issued by the Ministry of Health, but a vaccina- n topic is in course of preparation on the same lines as the foot topic which is referred on page 106. The topic will include the film " Surprise Attack ", leaflets on vaccina- n and a theme in a stillograph, and it is intended that it should tour from clinic to nic in the County.

" Boosting " Injections of Diphtheria Prophylactic : The general policy is give a " booster " dose as soon as possible after a child starts school. Each child given a leaflet to which a consent form is attached to take home and arrangements e made either for an Assistant County Medical Officer to attend at the school in order carry out the immunisation or for the child to attend a clinic for the purpose. It ay be pertinent to point out here that, for booster doses, reliance was formerly placed the leaflet and consent form issued by the Central Council for Health Education ice it contained a heading under which the parent could indicate whether or not the ild had previously been immunised, but this form has recently been omitted from the flet and the form suggested by the Ministry of Health (to which suitable amendments ve had to be made because the consent is designed specially for primary immunisation) s been brought into use.

Immunisation Against Whooping Cough : Arrangements for immunisation ainst whooping cough exist only in the North-East Essex Health Area (at Harwich), e Mid-Essex Health Area (at Chelmsford) and the Barking, Dagenham and Wal- amstow Health Areas where schemes were in operation prior to 5th July, 1948, and the Leyton Health Area to which they were extended after that date.

The Leyton and Walthamstow Health Areas, in addition, participated in the vestigations carried out under the direction of the Whooping Cough Committee of e Medical Research Council who published the report on their findings during 1951.

As a result of the report of the Medical Research Council the County Council have reed to make facilities for whooping cough immunisation available throughout the unty. Since the highest mortality from whooping cough occurs during the first months of life the arrangements will provide for immunisation to commence as rly as possible, the first dose in some circumstances being given at about the age of o months.

. Ambulance Service

At the present time the Ambulance Service provided under Section 27 of the ational Health Service Act, 1946, consists of two Divisional Controls, 28 ambulance

stations, 478 ambulance personnel, 103 operational ambulances and 51 sitting ca vehicles, with 25 additional ambulance vehicles reserved for Civil Defence purposes.

For operational purposes the County is divided into two, the portion of the Coun adjacent to the Metropolis being known as No. 1 Division, and the remainder of t County as No. 2 Division. In order to co-ordinate the movement of ambulan vehicles to the best advantage two Controls have been established. The Control f No. 1 Division is situated at Ilford and is connected by direct telephone to each of t ten ambulance stations in that Division and all instructions for the movement ambulance vehicles in the Division are conveyed by this medium. The Control for No Division is situated at Chelmsford and is equipped with radio telephone there ensuring constant communication with the 45 ambulance vehicles equipped also wi radio telephone in the Division. In addition, for the purposes of direct communicati with each other, the two Controls are connected by a private telephone line.

The County Council's scheme for the reorganisation of the County Ambulan Service has recently been approved, and this provides for a revised establishment staff and vehicles and the siting of new ambulance stations to meet the constant increasing demands for ambulance transport from such new centres of population Aveley, Basildon, Chingford, Harold Hill (Romford), Hainault and Harlow. Ste are being taken to bring about the implementation of the scheme at an early da Amended Proposals for carrying out the County Council's functions under section of the Act as modified and approved by the Minister of Health during the year 195 are set out in the Appendix.

In order to meet all possible needs mutual aid arrangements have been conclud with neighbouring Local Health Authorities and the respective Services fully ordinated. There is also a scheme in force whereby, should the need arise, ambulan in the County can be concentrated at the scene of any major disaster.

In addition to the directly provided services, agency arrangements exist with t Home Service Ambulance Unit of the Order of St. John and British Red Cross Socie under which an ambulance service is provided on behalf of the County Council Burnham-on-Crouch, Clacton-on-Sea, Frinton and Walton, Harlow, Rayleigh a Rochford. An arrangement exists with the Brightlingsea Ambulance Organisati (which is a voluntary organisation) and with a private firm of contractors at Eppi for the provision of ambulances in the Brightlingsea and Epping districts respective The Hospital Car Service which is administered jointly by the British Red Cross Socie the Order of St. John and the Women's Voluntary Services, also undertakes to ca an appreciable number of sitting cases on behalf of the County Ambulance Service.

Outside these agency arrangements, agreements have been concluded coveri other ambulance vehicles operating in the County which are controlled either voluntary, industrial, commercial or other organisations, thereby enabling the Coun Ambulance Service, as and when it is considered to be necessary, to utilise these a bulance vehicles in supplementation of the Ambulance Service otherwise provided the County Council.

Work Undertaken and Trends : The graphs on page 97 depict the onthly total of patients carried, mileage and average number of miles per patient nce the inception of the Service. They show very clearly the steady increase in the ork being undertaken; for instance, the total number of patients carried during the ar 1952 was 424,012 as compared with 314,592 in 1951, and the mileage run was 048,471 and 2,595,435 miles respectively.

An analysis of the year's work discloses that 12,107 accident cases were conveyed hospital, which is an increase of 6.15 per cent. over the previous year. The largest crease was in the conveyance of non-emergency cases, i.e. hospital admissions, dis- arges and inter-hospital transfers and out-patients, 367,734 patients having been nveyed by the Ambulance Service as against 265,912 in 1951 an increase of 38.29 r cent.

In addition the Hospital Car Service conveyed 42,662 sitting cases to and from spitals and the mileage was 744,837. This was an increase in patients of 6.67 per nt. and a decrease in mileage of 25.88 per cent.

Difficulties and Abuses : The difficulties experienced are partly brought about reason of the fact that some hospitals have not yet instituted a transport office and low doctors and ward sisters to place individual orders for ambulance transport rect with the Controls. This arrangement is most unsatisfactory as in many cases has been found that separate requests are received for transport of patients to the me area, whereas had the journeys been co-ordinated at the hospital arrangements uld have been made to convey the patients in one vehicle. A further difficulty which ises in the collection of patients at hospitals is due to the fact that there are no central aiting rooms and patients have therefore to wait in widely separated clinic rooms d wards. This results in ambulance personnel having to search for patients and in me cases it has resulted in patients being overlooked.

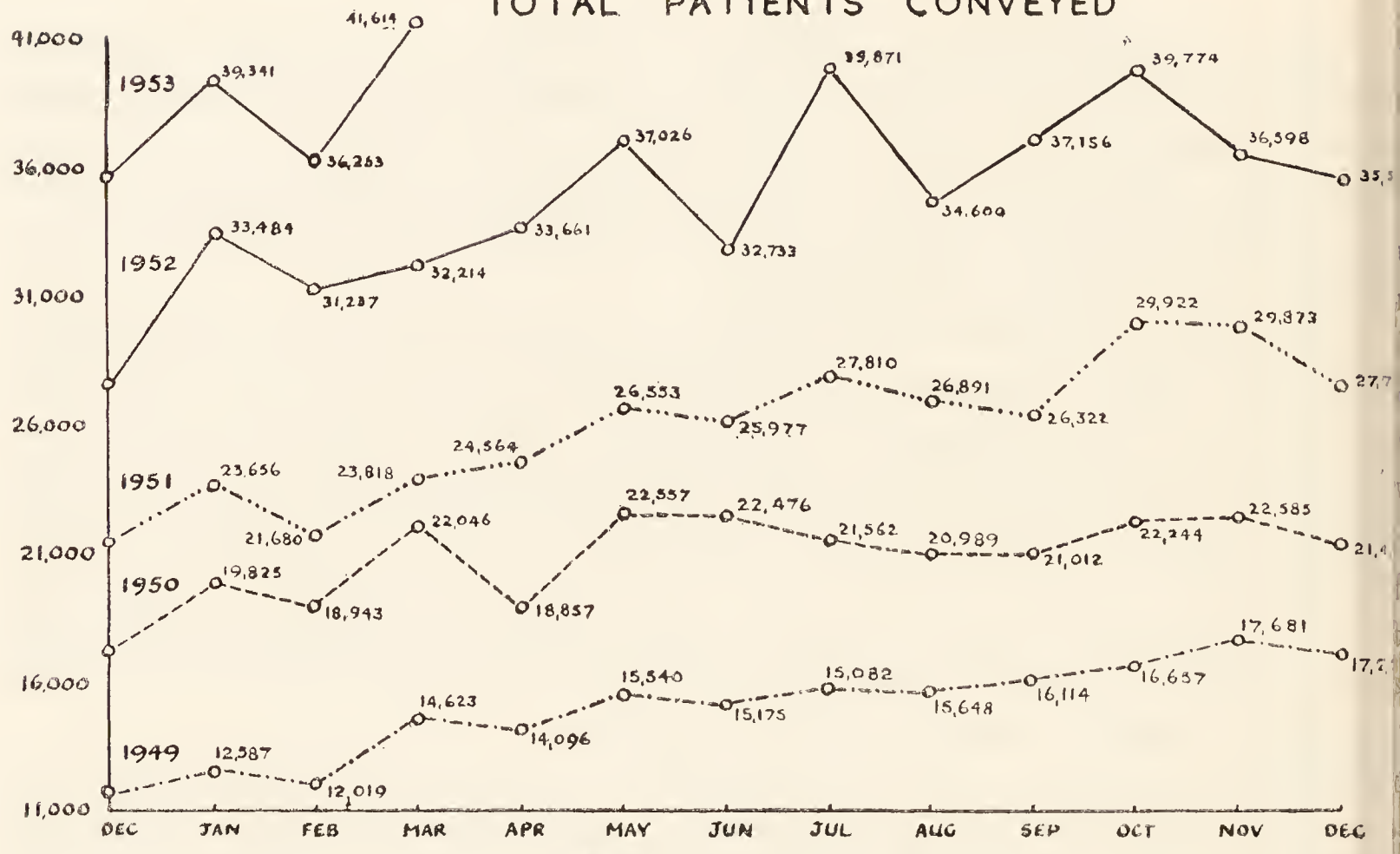
The majority of cases of abuse of the service which have come to light are those which requests have been received for ambulance transport for patients who are pable of undertaking a journey by public transport. In these cases appropriate presentations are made to the persons responsible.

Economical Use of Ambulances : In an endeavour to co-ordinate their needs, ny consultations have been held with hospital authorities with a view to encouraging em to set up transport offices, and as a result many such offices have been established here all requests for ambulance transport are co-ordinated and transmitted at least hours in advance to the appropriate Ambulance Control. The bookings are then -ordinated by Control and parties of patients are made up by districts for the various nics in order that they may be conveyed to and from hospital in six or twelve-seater bulance sitting case vehicles. This arrangement obviates the overlapping of rneys and has resulted in a saving of mileage and a smoother running of the Service. similar arrangement also exists with medical practitioners and requests for transport eived from them are also co-ordinated with the hospital bookings. Where requests transport involve long distances arrangements are made in suitable cases for the tient to be conveyed by rail.

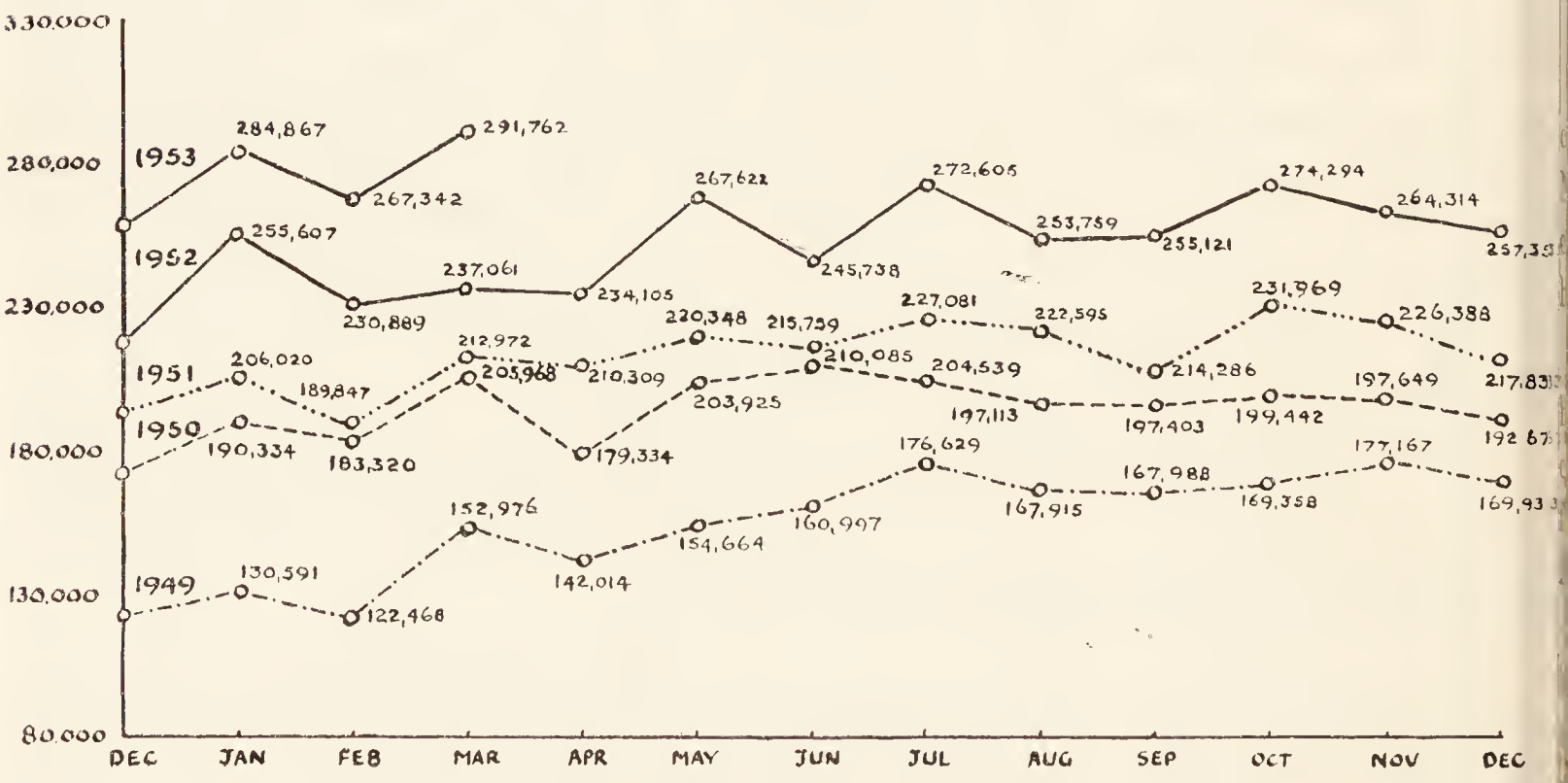
The introduction of the radio telephone communication system in No. 2 Division s helped considerably in the co-ordination of ambulance transport and has resulted a greater number of patients being conveyed and a decrease in mileage per patient.

COUNTY AMBULANCE SERVICE

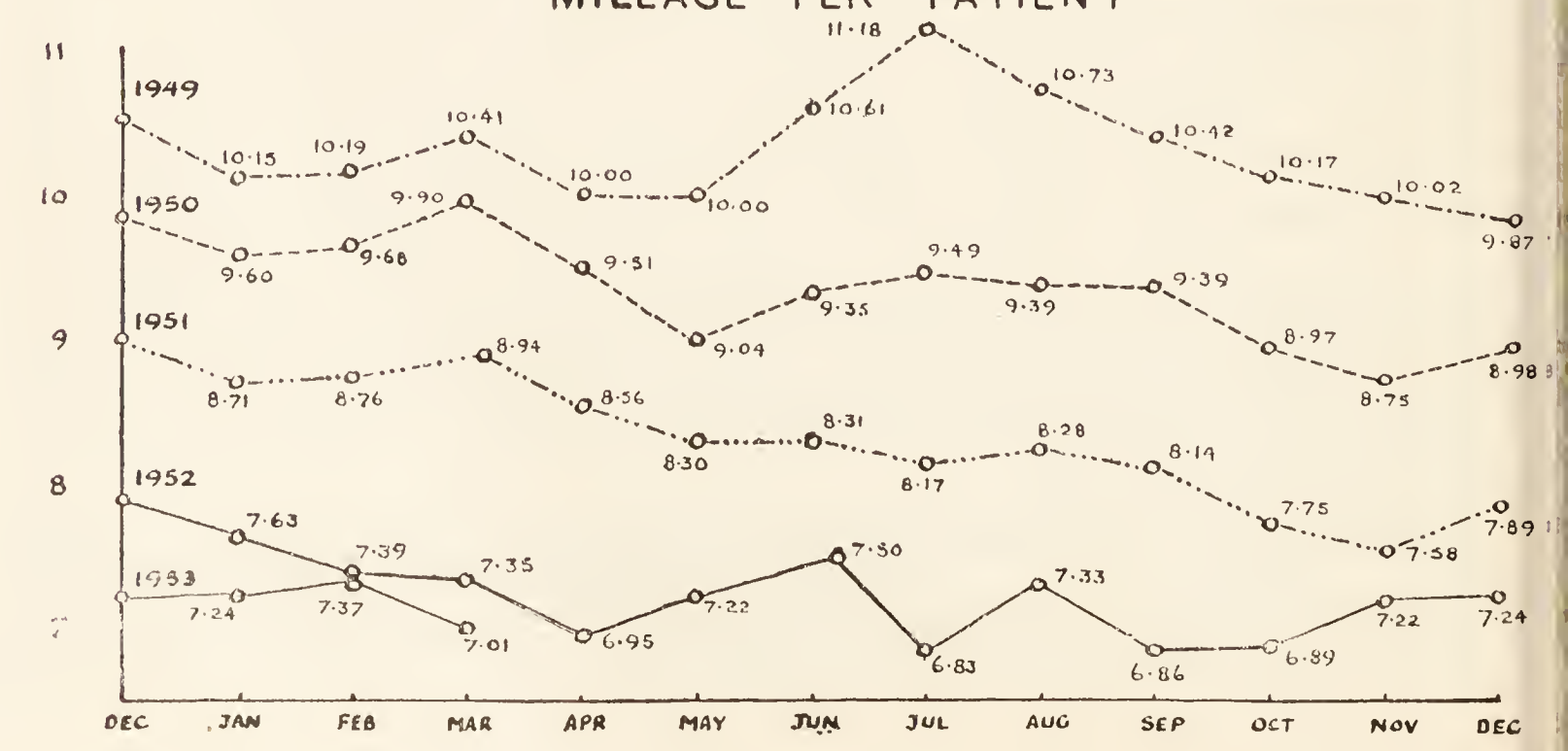
TOTAL PATIENTS CONVEYED



TOTAL MILEAGE



MILEAGE PER PATIENT



he system also provides direct communication between the Control and ambulance ews, and in many accident cases information has been passed to Control which has abled hospitals to be warned of the arrival of casualties.

Development of Equipment : The equipment used by the Service is constantly der review and in the light of experience certain equipment has been modified or placed with similar equipment of more up-to-date design. All ambulance vehicles the Service have now been fitted with steel drug and dressing cases, and a new type first aid satchel has been introduced for the use of personnel. The old type enamel are is being replaced by stainless steel utensils, and the ordinary roller bandage hich to some extent is still in use is being replaced by wound dressings.

Experience has also shown that a special stretcher is required to remove casualties om the holds of ships and from warehouses, offices and other large buildings, and for is purpose a number of Neil Robertson stretchers have been acquired and based rategically in the County.

The ' Parrett ' type stretcher has also been introduced for use in connection with mbined ambulance/railway journeys.

. Prevention, Care and After-Care

(*a*) Tuberculosis.

The care of the tuberculous patient so far as the Local Health Authority is con- rned starts when (in accordance with the provisions of the Tenth Schedule of the ational Health Service Act, 1946) the Area Medical Officer receives a notification of a se of tuberculosis. As soon as the case is notified, details are sent to the appropriate alth visitor or tuberculosis visitor on a record card.

Domiciliary Visits : When a health visitor receives a record card she visits the me as soon as possible, and provided the patient is not already attending the chest nic, advises him to do so. At her first visit also she completes an environmental rm in duplicate, one copy being sent to the Chest Physician and one to the Area edical Officer.

If the health visitor is a full-time tuberculosis visitor, which is the case in the ilt-up parts of the County, she also attends the chest clinic when the patient is in tendance, but if she is a combined health visitor, school nurse and tuberculosis visitor e may not necessarily attend the clinic. In any case she sees the Chest Physician at gular intervals in order to discuss her cases with him and to receive his instructions. r some time it has been apparent that since no Social Workers are employed in Essex would be better both from the point of view of the patient and of the Chest Physician full-time tuberculosis visitors were appointed in all except very rural parts of the unty.

Extra Nourishment : Should a Chest Physician consider that a patient requires tra milk, the County Council has a scheme whereby one pint of milk a day is provided e of charge for as long as he considers that it is necessary, subject to the recommenda- n being renewed at three-monthly intervals.

Domestic Help : Should a Chest Physician or a family doctor consider that a mestic help is required in the home in order to assist with household work a recom- ndation to the Area Medical Officer results in this service being provided. All

domestic helps entering tuberculous households for this purpose are required to have positive Mantoux test and to undergo an x-ray examination of the chest.

Home Nursing : A home nurse will visit a patient from time to time in order t carry out any specific treatment which she has been asked to give by the family doctc or Chest Physician including the giving of injections of streptomycin. If a hom nurse or the family doctor considers that articles of sick room equipment are necessar for the patient, arrangements can be made for the provision of these either direct from the home nurse's own store or from the store which is kept at the Health Are Office. No charge is made for the loan of such equipment.

Open Air Shelters : For many years the County Council have provided a sma number of garden shelters for the use of patients suffering from tuberculosis should th Chest Physician consider this is desirable. They are usually provided when the patie is unable to have the exclusive use of a bedroom in the house.

Diversional Therapy : Many of the Tuberculosis Care Associations provi material and equipment to enable patients to carry out some form of diversional thera at home, but recently diversional therapy has been put on a more official basis and th County Council has agreed to the appointment of three Diversional Therapists who w work in the part of the County adjacent to the Metropolis, each of whom will share h time between two Health Areas. Each will be responsible for visiting the homes of th patients and for instructing them in the various forms of occupation suitable to the condition. The needs of each patient will, first of all, be discussed with the Che Physician in charge of the case. The scheme provides that the patient will responsible for buying materials but any equipment which is necessary for making th articles will be provided free of charge by the County Council. When the articles a completed the patient will sell them privately or the Tuberculosis Care Association w undertake the responsibility of marketing the goods.

Rehabilitation : For many years the County Council assisted with the mai tenance of Essex patients undergoing rehabilitation at Papworth Village Settlemer Cambridge, and at the British Legion Settlement, Preston Hall, Maidstone, and the arrangements are still going on. In addition there is close liaison with the Disab ment Re-settlement Officer of the Ministry of Labour on the subject of suitable emplo ment for patients who have sufficiently recovered to commence light work.

Contacts of Tuberculosis : On her first visit to the home of a tuberculo patient, the tuberculosis visitor or health visitor arranges for all the contacts to atte at the chest clinic in order that they may be examined. To enable the Area Medi Officer, in the exercise of his duties regarding the prevention of spread of infection, be in a position to ensure that contacts are examined at regular intervals thereafte form of contacts register has been introduced. By this means a check can be kept the time which elapses between examinations of contacts and it can be ensured th failure to re-attend is not due to lack of pressure by the health visitor.

B.C.G. Vaccination : When children who are contacts attend the chest cli for examination it is usual for the Chest Physician to carry out either a Mantoux o Jelly Patch test. Should the result be negative, B.C.G. vaccination may be carr out. The amount of B.C.G. vaccination undertaken by the various Chest Physicia in the County shows wide variations.

"Ardmore" Residential Home: At the commencement of the scheme for B.C.G. vaccination it was decided after consultation with Chest Physicians that it would be desirable to provide a residential home for those children undergoing B.C.G. vaccination for whom adequate segregation at home was impossible. Accordingly such a home was established at "Ardmore," Buckhurst Hill, with accommodation for 22 children within the age range of two weeks to twelve years. It is staffed by a Matron, a Deputy Matron, two certificated nursery nurses, three assistant nurses and a part-time teacher. The first child was admitted to the home in August, 1951.

Experience has shown that it is usual for two or three members of the same family to go into the home together. This has proved to be satisfactory both from the point of view of the children concerned and of the staff. Another common occurrence is for infants to be taken in directly from hospital and as many as 10 bottle fed babies have been in the home at one time. Should the home not be full with children requiring segregation in connection with B.C.G. vaccination it is used as a temporary home for children from overcrowded homes who are close contacts with infectious tuberculous patients and who are Mantoux positive.

Co-ordination of the Diagnostic and Treatment Services: A large measure of co-ordination has been achieved in these services. Each Area Medical Officer maintains close contact with the particular Chest Physician serving his Health Area. In addition regular meetings of Chest Physicians and Area Medical Officers are held which are convened by the County Medical Officer who acts as Chairman, and at which matters of mutual interest are discussed. At a recent meeting approval was given to a leaflet containing information about all the services which are provided by the Essex County Council and other statutory and voluntary bodies for tuberculous patients which it is intended will augment the verbal information given to the patient by the health visitor and will be handed to each patient who attends the chest clinic for the first time.

Prevention: Advice on the prevention of tuberculosis is an important part of the County Council's Health Education activities. Leaflets on the subject are distributed and methods of prevention are demonstrated at the health exhibitions which are held from time to time throughout the County.

Four Mass X-ray Units operate either full-time or part-time in the Administrative County and close liaison is maintained between the County Council and the Regional Hospital Boards in the diffusion of the propaganda and the arrangements in connection with the operation of the Units.

An Amendment to the Council's Proposals for carrying out their functions under Section 28 of the Act as approved by the Minister during 1952 is set out in the Appendix.

(*b*) Other Illnesses.

The care and after-care of those who are ill in their own homes is provided mainly by the following services:—

Home Nursing: On the recommendation of the family doctor the services of a home nurse are made available for carrying out any special nursing treatment or care ordered by the doctor. During acute illness she may visit the patient two or three times daily.

Domestic Help : (See page 104).

Sick Room Equipment : Sick room equipment is available from County Counc and voluntary sources and can be obtained on the recommendation of a family docto health visitor, home nurse or a hospital almoner.

The provision made by the County Council falls into three categories :—

1. Many home nurses have a small store of sick room equipment (mainl smaller items) in their own homes which they loan out to patients who are i need.

2. Central Stores have been established in each Health Area for th storing of larger items of equipment such as wheel chairs and commodes.

3. Appliances infrequently required are stored centrally.

No charge is made for any sick room equipment loaned through County Counc sources.

In addition to these stores the British Red Cross Society and the St. Joh Ambulance Brigade also have stores of sick room equipment scattered throughout th County. A small charge is usually made for any item of sick room equipment borrowe from this source.

Recuperative Holiday Homes : On the recommendation of the family doct or a hospital almoner a short period of recuperative convalescence at a holiday hom is provided for patients who no longer require medical or nursing care. The majorit of patients are sent to the Essex Convalescent Home at Clacton-on-Sea, but oth homes are used when it is considered that this home is unsuitable for a particul patient. The Samuel Lewis Home at Walton-on-Naze is used for patients who a practising Jews.

The recipients of this service are required to contribute to the cost according to the means.

Chiropody : A chiropody service continues to be provided in those Health Are where such provision was made before July, 1948. Old people form a large proporti of those treated. There are long waiting lists at most clinics and it is difficult absorb many new patients since the need for treatment is in most cases a continuo one.

A charge of 1/6d. for all treatment in any one week is made, but this may be abat if the means of the patient warrant such a course ; old age pensioners who have supplementary pension book are automatically treated free of charge and so are scho children.

Because the service is so valuable in keeping many old people mobile, reques are continually being received from Old People's Welfare Committees for it to extended, but it is recognised that the prevention of foot troubles at a much earli age, although it presents difficulties, is the proper method of approach. Considerati is being given to ways and means of dealing on these lines with the need whi undoubtedly exists.

Mobile Meals Service : In June, 1948, an experimental mobile meals servi was established in the Thurrock Urban District under the sponsorship of the Nuffi

rovincial Hospitals Trust. The scheme was based on a hospital and the main object as to discover whether by delivering to patients in their own homes well-cooked meals specially prepared for invalids the pressure on hospital beds would be relieved. Diets were graded I, II or III according to the state of health of the patient. The scheme envisaged co-ordination between hospitals, general practitioners and the Local Health Authority care and after-care services within a particular area.

The County Council, however, reluctantly decided that the high cost of the scheme made it impossible for the service to be absorbed into the services provided by them under the Act although it was recognised that the experiment had served a most useful purpose in providing meals for persons acutely ill and for the chronic sick, aged and infirm.

Infectious Diseases : *Scarlet Fever.* Incidence has generally been highest in the winter, the worst months being November and December. The winter with the highest incidence was that of 1952–53 when during the December quarter 1,740 cases were notified. Three years earlier over 2,000 cases had been notified during the winter. By contrast the average number of cases in the September quarters was 400. Mortality has been very low, with an average of one death a year.

Whooping Cough. Incidence has generally been highest in June quarters and lowest in December quarters but in 1950 the number of cases continued to rise in the second half of the year and a peak was reached in the March quarter of 1951 when the number of cases exceeded twice the usual spring maximum. Case mortality has been about 0.2 per cent.

Diphtheria. Cases have been notified as follows :—

1948	*1949*	*1950*	*1951*	*1952*
61	7	11	4	3

Measles. Has followed a fairly well defined two year periodicity—with a gradual build-up early in the even years to a peak in the school summer term followed by a trough, an increase leading to a much higher peak in the following winter and a decline to a trickle of cases in the autumn of odd years. A feature of the period has been a decrease in the size of the summer peak which has tended to get later each cycle and an increase in the size of the main winter peak which has tended to get earlier. Case mortality has been about 0.05 per cent. and has tended to fall.

Acute Pneumonia. Notifications have shown a definite seasonal pattern, the number being highest in the March quarter and lowest in the September quarter. The average numbers of cases notified in each quarter were :—

Quarters ended 31st March	..	..	.. 584
do. 30th June	..	..	.. 240
do. 30th September	..	..	.. 114
do. 31st December	..	..	.. 308

There has been little variation from these figures except in the March quarters for which the extremes were 911 in 1951 and 390 in 1952. These variations can probably be explained by the presence or otherwise of influenza virus.

Acute Poliomyelitis. Incidence was high in 1949 with 345 notified cases and lo in 1948 (58 cases) and 1951 (60 cases), the other two years being intermediate. I each year most of the cases were notified in the last six months of the year. Th average case mortality for 1948–51 was 8.2 per cent.

In an attempt to unravel the causes of poliomyelitis full co-operation was give in 1949 to the Department of Medicine at Cambridge University in connection with questionnaire which was issued for the purpose of obtaining details of patients an their environment.

In 1951 at the request of the Medical Research Council certain Medical Officers o Health in the County took part in an investigation to determine the extent to whic the poliomyelitis virus is present in sewage during epidemic and non-epidemic period of the disease, and throughout 1952 local Medical Officers of Health co-operated wit the Ministry of Health's epidemiologists in a pilot survey of cases of poliomyelit occurring during that year.

Dysentery. The annual number of cases varied from 79 in 1949 to 989 in 195 The normal appeared to be for cases to occur spasmodically in different parts of th County but for a period of about eight months from October, 1950 to June, 195 incidence was generally high.

Food Poisoning. Incidence was normally highest in the September quarters whe the weather was warm. The only widespread outbreak reflected in the notificatio statistics was in 1949 when 254 cases were notified in the September quarter. Man of these cases were associated with the eating of cockles.

Other Notifiable Diseases. The incidence of other notifiable diseases was un remarkable and remained fairly constant from year to year, except for puerper pyrexia which registered an artificial increase due to the change in the regulatio defining this condition. The average annual number of cases of other diseases was a follows :—

Meningococcal Meningitis (Cerebro-Spinal fever in 1948 and 1949)	31
Acute Encephalitis—infective (1950–1952)	3
Acute Encephalitis—post-infectious (1950–1952)	3
Ophthalmia Neonatorum	25
Typhoid Fever	7
Paratyphoid Fever	15
Erysipelas	295
Malaria	9

Smallpox. On 1st April, 1949, a 69 year old male passenger died on board t S.S. Mooltan sailing from Australia to England. When the ship arrived at Tilbur Dr. W. T. G. Boul, as smallpox consultant, was called in and formed the opinion th the man had died from confluent tropical smallpox.

It was established that the onset of the disease was on or about the 21st March the patient was isolated on the ship on 25th March. The ship's complement number 953 passengers and 441 crew ; with few exceptions they were all vaccinated and d persed to their homes on 2nd April, being kept under surveillance by local Medic

fficers of Health. The period of surveillance expired on 19th April. The total number f confirmed cases of smallpox arising from the fatal case on board was 11, of which ve cases proved fatal. Most of the cases were removed to hospital in the early stages, our of the fatal cases were unvaccinated persons at the time of infection, the fifth eing a man of 61 who was vaccinated in infancy. There was no confirmation of small-ox diagnosis in any person who was not on board S.S. Mooltan.

Cancer: The duty of instituting proceedings under the Cancer Act, 1939, in onnection with the prohibition of advertisements offering to treat any person for ancer or offering any article for the alleged treatment of cancer is a duty which is elegated to the Health Committee. During the years under review it has not been ecessary to take any such proceedings.

3. Domestic Help Service

Full-time, part-time and casual domestic helps are employed in the County ouncil's Domestic Help Service, the casual helps mainly in country districts. Re-dential helps are provided for certain maternity cases in rural areas where the distances hich have to be travelled are too great to allow any other arrangement.

The adequacy of the supply of helps varies from Health Area to Health Area and affected by considerations such as the summer season in coastal districts and the mployment of women for fruit picking and potato lifting in rural areas. In isolated illages where help is infrequently required, the Organiser often has considerable ifficulty in finding a suitable help; the fact that she may have already visited that illage and obtained the names of women who would undertake the work if called upon o do so may not be of much practical advantage since with the lapse of time these omen may already have other commitments. For this reason it is sometimes neces-ary to send helps from a distance and arrangements are made whereby the County ouncil pays for their travelling time. The district nurse and the health visitor are ometimes able to give valuable assistance in finding suitable women in these circum-ances.

All domestic helps are paid in accordance with nationally negotiated scales, the sidential help being paid on the basis of a 48 hour week with an additional payment 2/– a night as compensation for sleeping away from home.

Requests for help are received from patients themselves, from numerous other ources such as relatives, neighbours, friends, from general practitioners, health visitors, istrict nurses and midwives, and from all classes of social workers. When a request r help is received it is the normal practice for the Organiser appointed in each Health rea to pay a visit to the home and assess the amount of help required. The Organiser so makes a practice of paying visits at intervals to all homes where domestic help is rovided preferably when the domestic help is at work. This not only maintains a tisfactory standard but enables the Organiser to decide if any variation in the amount help provided is necessary, although it is a stipulation that all persons receiving help ould immediately notify any change in home circumstances.

Help is provided to the extent of the resources available in all cases in which the rganiser considers that there is a need. Experience has shown that the number of ronic sick persons who require assistance greatly exceeds that in any other category.

The plight of the chronic sick living alone and for whom no hospital bed is available often exercises all the ingenuity of the Organiser. Domestic helps often go back in the evening to ensure that the patient is comfortable for the night. The help given to the aged non-sick is a very valuable part of the service, and enables them to carry on in their own homes for a much longer time than would otherwise be possible. The Women's Voluntary Services are co-operative in providing a sitting-in service during the day, but it is unusual for this service to be provided on a voluntary basis at night. It is considered that there is a need for some form of sitting-in service especially at night.

Standard forms for use in the service and standard methods of keeping records have been introduced throughout the County, which, apart from resulting in a considerable saving of time, have the added advantage of enabling any Organiser in the County easily to take over the work of another should this be necessary. The basis of the scheme is the case sheet on to which all messages or enquiries are entered immediately they are received. After help has been allocated to a patient, the following records come into operation :—

(1) The Case Register in which cases are entered in serial order and allocated a case number.

(2) The Domestic Help Register which is on the visible system for quick reference contains all necessary details of the domestic help concerned, including leave taken and the cases which she has been instructed to attend with the days and time of attendance and the number of hours spent on each case each week ; against this her weekly time sheet is checked.

(3) The Register of Case Hours which is used for compiling statistics of cases attended and hours worked for the various categories of case. (Seven categories are identified : Maternity, Acute Sick, Tuberculosis, Chronic Sick (aged), Chronic Sick (others), Aged not sick, and Others).

(4) A Visiting Check Card. These cards are used for determining which cases are due for routine visiting.

Maternity bookings are recorded in a Maternity Bookings Register which shows at a glance which helps are booked and which are free at any particular time.

Training of Domestic Helps : Arrangements exist for suitable domestic helps to take the examination of the National Institute of Houseworkers, Ltd., and 94 have already passed that examination. Preliminary consideration has been given to the question of the institution of a short training course which would last for two weeks at one of the County Technical Colleges, and would include instruction in domestic subjects including food hygiene, the care of children, and the prevention of the spread of infection.

14. Health Education

A full-time Health Education Organiser was appointed by the County Council in 1949. His duties are to stimulate the teaching of health subjects in the Health Areas and to give assistance to Area Medical Officers in the following ways :—

(*a*) Advising as to ways and means of disseminating knowledge on health matters.

(*b*) Giving lectures to various Organisations in the County.

(*c*) Giving talks to nursing staff on group teaching technique.

(*d*) Providing equipment from a stock which is held centrally.

(*e*) Giving information regarding the source and cost of hire of items for specific purposes.

There is a close liaison with the Central Council for Health Education. An annual ant is made to the latter body and full use is made of the topics, posters, pamphlets d leaflets which they issue. The larger items of equipment which are held centrally e a film projector, a film strip projector, two stillographs, a set of exhibition cubicles hich can cover a space ranging from 9 feet to 128 feet and two sectional stands de-gned to take the Central Office of Information display sets distributed by the Ministry Health. The cubicles and stands are portable and can be dismantled and erected necessary.

Film Strip Projector : The projector is of inestimable advantage for teaching hall groups and is particularly suited to those inexperienced in public speaking. The achine can be adjusted for the showing of miniature or standard slides.

A catalogue of film strips on health matters which can be hired from various sources s been prepared and circulated to Health Areas. In addition, suitable film strips e purchased centrally and loaned to Health Areas as required.

Film Projector : It is necessary for an experienced person to operate this item equipment. It has, however, proved to be of great value in showing films to large diences such as Mothers' Clubs which are attached to the various Welfare Clinics, Women's Institutes and similar bodies and it is also used on occasions during clinic ssions when it is desired to show any particular film.

An up-to-date catalogue of films available and the sources from which they can be ocured has also been prepared and circulated. Films which are used extensively for ecial propaganda in the County are purchased and others are obtained on protracted an.

Stillographs : These machines are designed to present a theme composed of even photographs or a similar number of written slogans arranged in sequence. wo photographs are on view at a time, one above the other, and every six seconds the per photograph automatically drops to the lower position and is replaced by another. hemes on the following subjects have already been prepared : The Work of the ealth Visitor ; The Work of the Midwife ; The Work of the Domestic Help ; Clean od ; Care of the Feet.

Stillographs are used mostly in order to emphasise some special aspect of health lucation, for example, a complete topic comprising written slogans on shoes has cently been prepared together with a leaflet on a proper type of shoe to accompany e showing of the film " Your Children Walking." The topic is introduced into one ealth Area at a time and travels from clinic to clinic. The stillograph is usually left the clinic for two weeks and the leaflets are distributed after each showing of the film

which takes place at weekly intervals. Complete topics on vaccination and im munisation are in course of preparation.

The stillograph has proved not only to be a most useful means of health educatio in the clinics since it commands attention because of lighting and movement, butt has also proved to be very valuable in calling attention to a Mass Radiography Un in any particular district and arrangements have been made on several occasions for to be set up in a shop window.

Health Education Courses : Two Health Education Courses are held each yea at which health visitors, midwives, home nurses and Assistant County Medical Office attend. Each lasts for one day, with a morning and afternoon session at which speake who are expert in their subject are invited to talk. The talks are followed by di cussions and occasionally by a film.

Exhibitions : An exhibition is arranged each year at the Essex Agricultur Show. Members of the staff of the Health Department attend in order to answ questions.

In addition, small health exhibitions are held from time to time in the Heal Areas and the Health Education Organiser assists Area Medical Officers by providi equipment. In one Health Area an empty shop window in a main street has bee adapted in order to give a constantly changing exhibition.

Lectures : Lectures are frequently given by members of the staff of the Heal Department to various organisations throughout the County. One health visitor h received special training in health education and will soon start a course of lectur in schools where it is considered the best medium exists for inculcating health educatio other health visitors who have not had special training are, of course, already givi lectures at schools, clinics, etc.

Prevention of Accidents : This aspect of health education also receives attentic An annual contribution is made to the Home Safety Section of the Royal Society f the Prevention of Accidents in return for which literature is received. One of t lecturers at a recent Health Education Course was Dr. C. A. Boucher of the Ministry Health whose subject was "Accidents in the Home." This lecture was attended approximately 150 members of the staff of the Department. In the film strip seri one which is frequently shown is on the subject of burns and scalds.

15. Mental Health

Administration : The Mental Health Service which came into operation on t 5th July, 1948, as has already been explained is administered by the Health Committe through the Mental Health Sub-Committee which consists of 23 members and mee on the fourth Friday in each month.

The service is staffed as follows :—

1 Senior Medical Officer (full-time).
1 Medical Adviser for Mental Deficiency (part-time).
2 Medical Officers for Ascertainment (part-time).
1 Supervising Duly Authorised Officer and Petitioning Officer.

1 Assistant Supervising Duly Authorised Officer and Petitioning Officer.
1 Psychiatric Social Worker.
26 Duly Authorised Officers.
1 Mental Welfare Visitor.
8 Supervisors at Occupation Centres.
5 Assistant Supervisors (Junior Centres).
5 Assistant Instructors (Senior Centres).
15 Assistants at Occupation Centres.
6 Administrative and Clerical Officers in the Central Office.

ıe establishment of Duly Authorised Officers is to be reduced to 24 as and when signations and retirements occur.

Telephones are installed at the homes of all Duly Authorised Officers so that they ıy be contacted readily when they are on rota duty outside normal office hours. In dition, medical staff, 25 of the Duly Authorised Officers and the Mental Welfare sitor are provided with County cars or are authorised to use their own cars on official siness. The three Duly Authorised Officers who are not provided with transport e unlikely to become car drivers owing to age or disability, and they hire a car or xi in an emergency. The Psychiatric Social Worker has not been provided with a r, as it has not been found necessary at present.

The closest co-operation exists between the Local Health Authority's officers sponsible for the community care of patients suffering from mental illness or mental ficiency and the officers of the Hospital Management Committees and Regional ospital Boards responsible for the institutional care of such patients. The Regional ychiatrists of the North-East Metropolitan and Eas Anglian Regional Hospital oards and the Physician Superintendents of the appropriate institutions are supplied th full information regarding the mental defectives requiring institutional care ich greatly facilitates the assessment of priorities when vacancies occur in institutions.

Detailed information relating to the location and availability of the Duly Authorised ficers is in the possession of medical practitioners, police, clerks to justices and all her persons in the County likely to require their services.

It has not been necessary for any of the County Council's mental health duties to delegated to voluntary associations, but the Guardianship Society, Brighton and the ational Association for Mental Health have given valuable assistance in finding holiday commodation for defectives. All the Duly Authorised Officers, except four, have tended a training course organised by the National Association for Mental Health, d bearing in mind the Council's policy of reducing the number of Duly Authorised ficers, there appears to be no necessity to inaugurate a scheme of training at the esent time.

Account of Work Undertaken in the Community: The Council were for-nate in having an already well established service for mental defectives in July, 1948, d the development of the new combined service proceeded smoothly. Although e provision of a continuous day and night service for persons suffering from mental ness is of over-riding importance, and although the admission of such persons must ten receive priority, it has been found possible for the Duly Authorised Officers to ve ample time to their mental deficiency welfare work.

They undertake the supervision of defectives in the community, furnishing routi reports at quarterly intervals and special reports as necessary. They also visit, at t request of the appropriate Hospital Management Committees, patients on licence fr institutions and give advice and assistance to such patients in connection with emplo ment and similar matters. They also deal with the completion of all reports regardi patients' home circumstances for the information of visiting justices, and furnish su other special reports as may be requested from time to time by various authorities.

With regard to mental illness, prompt investigation is made by the Duly Authoris Officers in all cases reported, and advice given on facilities for diagnosis and ea treatment. Where necessary the officers arrange for patients to be conveyed to men hospitals, suitable action being taken for the protection of patients' property.

A certain amount of work is undertaken in connection with the after-care patients discharged from mental hospitals or from H.M. Forces owing to mental health, to whom assistance is given in obtaining and holding employment, in th domestic affairs, and in obtaining housing accommodation, although it will be app ciated that there is often little which can be done in this latter connection. Ex-servi patients frequently require guidance in the selection of suitable employment as many them enter the services before they establish themselves in any trade or profession.

A Psychiatric Social Worker was recently appointed and is engaged in organisi a service of Psychiatric After-Care for patients discharged from mental hospitals.

Convalescence is provided, where necessary, and when recommended by a medi practitioner, for patients discharged from mental hospitals, and this part of the servi will be extended shortly to allow similar facilities to be provided for ex-voluntar patients. Financial responsibility is also accepted in connection with the attendan at social clubs conducted by voluntary organisations of a limited number of patien discharged from mental hospitals.

Eight Occupation Centres exist for mental defectives throughout the Count six of which are for junior patients, the remainder being for senior boys. It is anti pated that another junior centre will be opened shortly and this will relieve the pressu on other centres. Arrangements are in operation which enable the majority of t patients to be conveyed to five of the six junior centres, and to be returned to th homes each day. At the remaining Centre, the local conditions make the provision transport impracticable. With regard to the senior centres the fares of those patien living more than two miles away are refunded as it is found that the majority of t senior boys are able to make use of public transport.

Mid-day meals are provided at all Centres through the School Meals Service, a although parents are required to pay a proportion of the cost of the meal, the amou of payment is reduced or meals are given free of charge in necessitous cases and at t Junior Centres the milk-in-schools scheme operates. The patients attending therefo receive as far as possible, facilities similar to those available for children at school.

The Mental Health Service is at present administered centrally and it is diffic to see how this arrangement could be improved upon. In the present circumstanc of acute shortage of institutional accommodation, the complete picture of the Counci

quirements in this respect can only be seen and the assessment of priorities is only ssible through a central co-ordinating department. Furthermore, the service is a ecialised one in which administrative staff cannot be quickly trained. The dilution trained medical and administrative staff which any measure of decentralisation uld necessitate, would therefore seriously weaken the service.

Generally speaking, the changeover in 1948 took place quite smoothly, and since n the service has been developed and expanded to the benefit of patients of all ids. The greatest drawback is, of course, the lack of institutional accommodation mental defectives, particularly for low grade children ; the number of patients on waiting list rose from 170 in 1948 to 415 at the end of 1952. This has a cumulative ect because as a result a great many parents of these patients need psychiatric out-tient or in-patient treatment, which puts greater pressure on accommodation in ntal hospitals, which is also limited. The provision of extra accommodation would an that fewer low grade children would attend the Occupation Centres and that ich more could be done to train the higher grade patients, which is the real function these Centres.

Amendments to the Council's Proposals for carrying out their functions under ctions 28 and 51 of the Act as modified and approved by the Minister during the ar 1952, are set out in the Appendix.

APPENDIX

ADMINISTRATIVE COUNTY OF ESSEX.

NATIONAL HEALTH SERVICE ACT, 1946.
SECTION 27.

Proposed Arrangements for Ambulance Services.

PART I.

Existing Services.

The Ambulance Services provided by the County Council as a Local Hea Authority (hereinafter referred to as " the Authority ") under Section 27 of the Natio Health Service Act, 1946, are, subject to any directions which may be given by t Authority from time to time, under the control of the Health Committee, being t Committee established by the Authority, as required by Section 19 of and Part II the Fourth Schedule to the said Act.

The County Medical Officer of Health is responsible to the Authority for t organisation and operation of the Ambulance Services, assisted by such staff as t Authority from time to time consider to be necessary. Part I of the Appendix to the Proposals gives details of the position as at 30th April, 1951, in respect of all operatio staff and ambulance vehicles comprising the Ambulance Services of the Autho at that date, including the services operated by Agencies.

The expression " ambulance vehicles " as used throughout these Propos means ambulances proper, sitting-case vehicles and cars used in connection with t Hospital Car Service.

As regards ambulance vehicles, these include ambulance vehicles which, prior 5th July, 1948, were directly provided by the Authority and other local authorit in the Administrative County of Essex (hereinafter referred to as " the County and also ambulance vehicles the subject of Agency arrangements.

The Agency arrangements referred to are those existing with the Home Servi Ambulance Department of the Order of St. John and British Red Cross Society Joi Organisation, which Department provides Ambulance Services on behalf of t Authority in the following areas of the County :—

Burnham-on-Crouch.
Clacton.
Frinton and Walton.
Harlow.
Southend (serving Rayleigh and Rochford areas).
Wanstead.
West Ham (serving Leyton and Wanstead areas).

The said Department also operates an Agency service for the conveyance patients from the Laindon area to the Charterhouse Clinic at Ilford in the County.

In addition, the Brightlingsea Ambulance Committee, which is also a voluntary ganisation, operates an Agency service on behalf of the Authority in the Brightgsea area of the County and similar arrangements exist with Messrs. E. & H. Flack os., of Epping, for the operation of an Ambulance Service in that area of the County. the Burnham-on-Crouch, Chelmsford and Rayleigh areas of the County arrangents exist for the use of private hire cars and at Black Notley Hospital, near Braintree, o sitting-case vehicles owned by the North-East Metropolitan Regional Hospital ard are available for the use of the Authority as they may be required.

Throughout the whole of the County the Hospital Car Service administered ntly by the British Red Cross Society, the Order of St. John and the Women's luntary Services deals, on behalf of the Authority, with an appreciable proportion sitting-cases.

Outside the Agency arrangements referred to above, the Authority have conded agreements covering other ambulance vehicles operating in the County which e controlled either by voluntary, industrial, commercial or other organisations, bodies persons, enabling the Authority, as and when they consider this to be necessary, utilise those ambulance vehicles in supplementation of the Ambulance Services herwise provided by the Authority.

To meet the needs of the Ambulance Services of the Authority and adjoining cal Health Authorities, insofar as these require correlation, the Ambulance Services ovided by the Authority have been fully co-ordinated with those of the adjoining cal Health Authorities and satisfactory mutual aid arrangements are in existence.

The transitory system of control operating in the County places on personnel every Ambulance Station primary responsibility for dealing with both emergency d non-emergency calls, any overflow, i.e., calls for which a particular Ambulance ation cannot cater, being transmitted to the appropriate fire control; these fire ntrols being situate respectively at Ilford, Brentwood, Hadleigh, Chelmsford and lchester. In the event of the transmission of calls, personnel at those fire control ints are responsible for ensuring the provision of all requisite ambulance vehicles.

The maintenance and servicing of ambulance vehicles directly provided by the thority is, so far as this is both economical and practicable, undertaken through the pplies Department of the Authority. Otherwise, the repair and servicing of those bulance vehicles is undertaken locally by agreement with garage proprietors who prepared to give this work any required priority.

The Authority have made provision so that where the condition of a patient mits and other circumstances are, in the opinion of the Authority, appropriate, transportation of patients is undertaken by means other than ambulance vehicles.

A Scheme is in force whereby, should the need arise, the Authority are enabled to ncentrate ambulance vehicles at scenes of major disasters.

In conclusion, the Authority have taken steps to publicise widely the Ambulance vices available in the County and all hospitals and other establishments, bodies or sons who have occasion regularly to summon ambulance vehicles, have been ormed of and are kept apprised of developments concerning those services and the ans whereby they may be made readily available either during the day or at night.

PART II.

Proposed Services.

Introductory.

The Clerk of the Council is the Authority's Chief Administrative Officer an subject to the duties of the Clerk of the Council as such, the County Medical Offi of Health will continue to be responsible to the Authority for the organisation a operation of the Ambulance Services and will be assisted by the necessary staff, mentioned later in these Proposals.

Unless and until the Authority, subject, so far as may be requisite, to the conse of the Minister of Health (hereinafter referred to as " the Minister "), shall otherw decide, it is proposed that arrangements on the lines of those later embodied in the Proposals shall, as and when the Authority consider circumstances permit the intr duction of all or any of them, operate in lieu of existing arrangements as summaris in Part I hereof.

Organisation and Operation.

1. *Definition of Areas.*

For the purposes of the Ambulance Services the County will, having regard to t differing requirements of the more and less densely populated portions, be divide unless and until otherwise decided by or on behalf of the Authority, into two parts be known as Divisions.

Division 1 will consist of that part of the County comprising the Boroughs Barking, Chingford, Dagenham, Ilford, Leyton, Romford, Walthamstow and Wanste and Woodford and the Urban Districts of Chigwell and Hornchurch and the remaind of the County will be comprised in Division 2.

2. *Method of Control.*

The needs of the County, due to continually increasing demands on the Ambulan Services provided by the Authority, require the introduction of a more adequate syste of communication than has hitherto been practicable, in order to ensure the mo efficient and economical use of both ambulance vehicles and personnel and steps w be taken to that end.

3. *Ambulance Stations.*

There will be established within the County a series of Ambulance Stations s sited and manned as best to meet the varying needs of the inhabitants of the Count The Authority propose progressively to reduce existing Stations in Divisions 1 and and replace these by a smaller number of bigger and better equipped Ambulan Stations ; the intent of the Authority, in the light of present circumstances, as regar Division 1 being to provide five main Ambulance Stations.

The siting of Ambulance Stations will not be unduly influenced by boundaries County districts and, in addition to the choice of sites considered most suitable to serv

he needs of different localities, the Authority propose, initially upon an experimental asis, to introduce a scheme whereby in the vicinity of busy traffic routes and at peak oad periods ambulances will be out-posted, that is to say, temporarily removed from he ambulance depots where they are normally stationed and placed in positions con-idered to be well sited strategically to deal with accidents and other forms of emer-ency which may be likely to occur at or about those places during such a period.

When the closing of any station is under consideration the Authority will consult he Councils of any Districts served by it and should there be a difference of view on he subject between the Authority and any such district council which is not recon-iled in the course of the consultation, the Authority will, before closing the station rst confer with the Minister as to the manner in which the Authority should act on he particular occasion.

. *Ambulance Vehicles.*

It is the intention of the Authority to continue to transport suitable cases by itting-case vehicles owned by the Authority or, where the Authority consider it would e more appropriate so to do, to use the Hospital Car Service. Furthermore, the Authority will continue to make provision, where the condition of a patient permits nd the Authority are otherwise satisfied, for journeys to be made by means of trans-ort other than ambulance vehicles used in connection with the Ambulance Services f the Authority.

Whilst in the past the provision, on an Agency basis, of ambulance vehicles has een an integral part of the Ambulance Services, the Authority propose, if in the pinion of the Authority such a course is desirable, to alter Agency arrangements or ven, after individual consultations with the Agencies concerned, to terminate any of hose arrangements and to substitute the use of other ambulance vehicles. Provided lways that if, during the course of the said consultations, any Agency should, after ull discussion, be unfavourably disposed towards the action proposed to be taken by he Authority with respect to the termination of the said arrangements with such Agency, then the Authority will, before exercising their powers under Section 27 (2) f the National Health Service Act, 1946, in relation to the carrying out of that aspect f the duties of the Authority as embodied in this paragraph of these Proposals, first onfer with the Minister as to the manner in which the Authority should act on the particular occasion.

The Authority will continue to collaborate closely with neighbouring Local Health Authorities, and with voluntary, industrial, commercial or other organisations, odies or persons, for the time being providing their own ambulance vehicles or some orm of transport which might, on occasion, be required to supplement the available Ambulance Services of the Authority.

As respects operational establishments for ambulance vehicles, at the five mbulance stations intended to be situate in Division 1, each of these establishments will, unless or until otherwise decided by or on behalf of the Authority, consist of welve ambulances and eight sitting-case vehicles. The proposed operational establish-ments for ambulance vehicles in Division 2 will vary and be varied according to the needs of particular localities.

The ultimate aims of the Authority as respects establishments for ambulan vehicles, so far as these can be foreseen, are set out in Part II of the Appendix to the Proposals. These establishments have been fixed so as to allow a margin for t maintenance by the Authority of a sufficient number of ambulance vehicles to serve a reserve to replace ambulance vehicles undergoing repairs, maintenance or other wor which temporarily render them unroadworthy.

Without the approval of the Minister, pursuant to these Proposals, the individu totals of the said establishments for ambulance vehicles as indicated in Part II of t Appendix will not be exceeded by the Authority.

5. *Staff.*

The staff required in connection with the Ambulance Services of the Authorit may conveniently be grouped under three headings, that is to say—

(1) Administrative Staff
(2) Control Centre Staff
(3) Ambulance Station Staff

In order to give effect to the arrangements for providing future Ambulance Service staff establishments existing at the date of the approval of these Proposals by th Minister will require to be materially re-organised and it is intended that this shou be done including, where necessary, the augmentation of these staffs.

So far as these can be foreseen, the estimated requirements of the Authority, a respects the staff establishments of Driver Attendants are set out in Part II of th Appendix ; this establishment like other staff establishments having been fixed wit due regard to the previous terms of these Proposals but, as in the case of other branch of the Ambulance Services, the Authority will periodically and constantly review an adjust any staff establishment in the light of experience and any other factor whic in the opinion of the Authority, may make this course either necessary or desirabl provided always that without the consent of the Minister, pursuant to these Proposal the staff establishment, as specified in Part II of the Appendix, will not be exceede by the Authority.

6. *General.*

The Authority propose to continue or to make arrangements consequential on o supplementary to the foregoing as appear to the Authority to be necessary or expedien and, in particular, but without prejudice to the generality of this clause, such provision will include :—

(1) The concentration of ambulance vehicles or other forms of transport a scenes of large scale accidents or major disasters including the vicinities c main line railways, airports, the coast, docks or big industrial concerns i the County.

(2) The furnishing to all bodies and persons concerned, for example, hospitals general medical practitioners, dentists, nurses, domiciliary midwives, th police, fire service and telephone authorities in or adjacent to or servin the County, with up-to-date information as to the ambulance facilities fro time to time extant in the County and the means whereby these may readil be made available to all persons in need of them.

(3) The periodical servicing and maintaining in good condition of all ambulance vehicles and the replacement of any found to be unserviceable by other suitable ambulance vehicles and the purchase of additional ambulance vehicles either within or, subject to any required approval of the Minister, as hereinbefore stated, above the operational establishment for ambulance vehicles as set out in Part II of the Appendix.

(4) Staff matters covering such aspects as the training of personnel, their attendance at refresher or other instructional courses and, especially as respects all drivers and attendants, their training so as to render them interchangeable in the performance of those duties and qualified in the administration of first aid.

APPENDIX.

County Ambulance Services.

Part I—Position as at 30th April, 1951.

a) Vehicles.

1.	Ambulances, including those which are the subject of Agency arrangements	97	
2.	Ambulances on order by the Authority	9	
		——	106
3.	Sitting-case vehicles, including those which are the subject of Agency arrangements	37	
4.	Sitting-case vehicles on order by the Authority	18	
		——	55
5.	Cars operated by the Hospital Car Service on behalf of the Authority (average availability)		200

b) Staff.

1.	Supervisors and Head Drivers, including those employed under Agency arrangements	38
2.	Driver/Attendants, including those employed under Agency arrangements	397
3.	Approved vacancies for Driver/Attendants to be filled by the Authority upon delivery of the vehicles indicated in (*a*) 2 and (*a*) 4 above	58
4.	Area Transport Officers of the Hospital Car Service	12
5.	Hospital Car Service Registered Drivers (average availability) ..	200

N.B.—The present control system is administered centrally by the Administrative Staff of the Health Department and divisionally by utilisation of Fire Brigade Staff.

Part II—Proposed Establishments.

(*a*) Vehicles.

	Minimum	Maximum
1. Ambulances, whether directly operated or the subject of Agency arrangements, and reserve vehicles	110	15
2. Sitting-case vehicles, whether directly operated or the subject of Agency arrangements, and reserve vehicles	50	10

(*b*) Staff.

Driver/Attendants, whether employed directly or under Agency arrangements	400	70

In addition, use will continue to be made of the Hospital Car Service to the exten considered necessary or desirable by the Authority (see part II, paragraph 4, of th Proposals).

SECTION 28

ew Proposals providing for the modification of existing Proposals made by the Essex unty Council for carrying out their functions under Section 28 of the National Health rvice Act, 1946, as modified and approved by the Minister of Health.

1. In paragraph (A) " Tuberculosis " contained in Part I of the proposed arrangements formulated by the Essex County Council for carrying out their functions under ection 28 of the Act, relating to Prevention of Illness, Care and After-Care as modified nd approved by the Minister of Health, insert between the second and third paragraphs ne following additional paragraph, viz. :—

" The Authority also propose to make such provision as they may consider to be necessary or desirable for the accommodation of patients suffering from chronic infectious tuberculosis who cannot benefit from hospital treatment."

2. In paragraph (B) " Mental Illness or Defectiveness " contained in Part I of nese arrangements delete the words :—

" The Proposals for the care and after-care arrangements in regard to this service are included in those submitted in accordance with Circular 100/47, dated 16th June, 1947, under Section 51 of the National Health Service Act, 1946 (hereinafter referred to as " the Act ")."

In the said paragraph (B), as amended, insert the following :—

" It is proposed, as soon as practicable and to such extent as the Authority consider reasonable, to provide for patients discharged from mental hospitals who desire such assistance and whose after-care is the responsibility of the Authority :—

(*a*) convalescence for short terms in convalescent homes conducted by voluntary organisations ; and

(*b*) appropriate measures of social after-care in the community, including the establishment of social clubs for such patients or the utilisation of existing social clubs conducted by voluntary organisations."

In paragraph (C) " Other types of Illness (or Illness generally) " contained in Part I of these said arrangements delete the word " Act " where it appears in line 6 nd substitute :—

" National Health Service Act, 1946 (hereinafter referred to as " the Act ")."

SECTION 51

New Proposals providing for the modification of existing Proposals made by the Esse County Council for carrying out their functions under Section 51 of the National Healt Service Act, 1946, as modified and approved by the Minister of Health.

In paragraph (C) " Non-Medical " contained in Part II of the proposed arrang ments formulated by the Essex County Council for carrying out their functions unde Section 51 of the Act, relating to the Mental Health Service as modified and approve by the Minister of Health, after sub-paragraph 5 (*c*) insert the following :—

" (*d*) Proposals for the care and after care arrangements in respect of th Mental Health Service are included in the Proposals submitted for th provision of the service to be provided by the Authority under Section 2 of the Act."

BIRTHS, DEATHS, ANNUAL RATES, &c., 1952

Health Area and County District	Census, 1951 (Preliminary)		Estimated Population	Live Births		Still Births		Deaths at all Ages		Infant Deaths	
	Acreage	Population		No.	Rate*	No.	Rate†	No.	Rate*	No.	Rate‡
ADMINISTRATIVE COUNTY	959,463	1,599,884	1,621,000	23,538	14.5	520	21.6	16,281	10.0	563	23.9
BOROUGHS AND URBAN DISTRICTS ..	256,982	1,371,916	1,391,000	20,031	14.4	436	21.3	13,667	9.8	482	24.1
RURAL DISTRICTS	702,481	227,968	230,000	3,507	15.2	84	23.4	2,614	11.4	81	23.1
1. NORTH-EAST ESSEX	243,651	184,023	184,179	2,546	13.8	51	19.6	2,231	12.1	46	18.1
Colchester B.	12,011	57,436	57,460	845	14.7	16	19	580	10.1	11	13
Harwich B.	1,512	13,488	14,210	236	16.6	5	21	128	9.0	6	25
Brightlingsea U.	2,852	4,501	4,503	58	12.9	—	—	70	15.5	1	17
Clacton-on-Sea U.	6,470	24,065	23,790	257	10.8	4	15	340	14.3	3	12
Frinton and Walton U.	6,293	8,448	8,160	93	11.4	2	21	123	15.1	5	54
Halstead U.	1,176	5,995	6,170	104	16.9	4	37	77	12.5	1	10
West Mersea U.	3,171	3,001	3,008	35	11.6	—	—	41	13.6	—	—
Wivenhoe U.	1,493	2,381	2,458	34	13.8	—	—	32	13.0	—	—
Halstead R.	76,693	17,039	17,130	235	13.7	6	25	230	13.4	4	17
Lexden and Winstree R. ..	66,096	22,653	22,540	302	13.4	6	19	260	11.5	6	20
Tendring R.	65,884	25,016	24,750	347	14.0	8	23	350	14.1	9	26
2. MID-ESSEX	459,453	208,109	208,576	3,075	14.7	76	24.1	2,303	11.0	68	22.1
Chelmsford B.	4,772	37,888	38,130	538	14.1	12	22	366	9.6	9	17
Maldon B.	4,809	9,721	9,725	137	14.1	4	28	143	14.7	3	22
Saffron Walden B.	7,502	6,825	7,165	80	11.2	2	24	97	13.5	1	12
Braintree and Bocking U. ..	6,812	17,480	17,530	249	14.2	6	24	211	12.0	7	28
Burnham-on-Crouch U. ..	5,352	3,962	3,793	50	13.2	2	38	64	16.9	1	20
Witham U.	7,329	8,598	8,553	123	14.4	4	31	77	9.0	5	41
Braintree R.	59,556	18,773	18,320	257	14.0	12	45	214	11.7	8	31
Chelmsford R.	86,506	39,258	39,040	590	15.1	9	15	402	10.3	16	27
Dunmow R.	72,487	18,214	18,980	273	14.4	4	14	210	11.1	6	22
Maldon R.	78,507	14,962	14,880	225	15.1	5	22	168	11.3	2	9
Ongar R.	47,236	14,862	14,720	287	16.5	7	24	157	10.7	4	14
Saffron Walden R.	78,585	17,566	17,740	266	15.0	9	33	194	10.9	6	23
3. SOUTH-EAST ESSEX	79,658	103,488	104,495	1,581	15.1	28	17.4	1,334	12.8	38	24.0
Benfleet U.	6,361	19,881	19,640	269	13.7	3	11	300	15.3	8	30
Billericay U.	27,139	43,352	44,490	717	16.1	18	24	511	11.5	15	21
Canvey Island U.	4,351	11,255	11,640	170	14.6	2	12	147	12.6	8	47
Rayleigh U.	5,727	9,388	9,415	135	14.3	—	—	134	14.2	3	22
Rochford R.	36,080	19,612	19,310	290	15.0	5	17	242	12.5	4	14
4. SOUTH ESSEX	78,589	215,660	222,520	3,489	15.7	79	22.1	1,986	8.9	98	28.1
Brentwood U.	18,269	29,898	31,690	403	12.7	9	22	335	10.6	11	27
Hornchurch U.	19,768	104,128	104,100	1,517	14.6	35	23	926	8.9	49	32
Thurrock U.	40,552	81,634	86,730	1,569	18.1	35	22	725	8.4	38	24
5. FOREST	62,978	196,869	204,730	2,903	14.2	59	19.9	1,810	8.8	77	26.5
Chingford B.	2,868	48,330	48,190	567	11.8	7	12	394	8.2	11	19
Wanstead and Woodford B. ..	3,842	61,620	61,880	751	12.1	10	13	666	10.8	17	23
Chigwell U.	8,971	51,775	56,830	918	16.2	21	22	388	6.8	28	31
Epping U.	1,488	6,934	6,780	102	15.0	6	56	87	12.8	2	20
Waltham Holy Cross U. ..	10,958	8,197	8,460	130	15.4	2	15	88	10.4	3	23
Epping R.	34,851	20,013	22,590	435	19.3	13	29	187	8.3	16	37
6. ROMFORD	9,342	87,991	99,360	1,938	19.5	40	20.2	756	7.6	49	25.3
7. BARKING	3,877	78,197	77,140	1,108	14.4	32	28.1	702	9.1	24	21.7
8. DAGENHAM	6,554	114,588	113,200	1,708	15.1	45	25.7	826	7.3	45	26.3
9. ILFORD	8,425	184,707	182,200	2,323	12.7	51	21.5	1,809	9.9	44	18.9
10. LEYTON	2,594	105,183	104,200	1,355	13.0	30	21.7	1,220	11.7	37	27.3
11. WALTHAMSTOW	4,342	121,069	120,400	1,512	12.6	29	18.8	1,304	10.8	37	24.5

*per 1,000 estimated population; †per 1,000 total births; ‡per 1,000 live births.

II

TH BY AGE, 1952

				Females								
5–	*65–*	*75–*	*Total*	*0–*	*1–*	*5–*	*15–*	*25–*	*45–*	*65–*	*75–*	*To*
82	32	4	162	1	—	2	5	41	28	9	2	
7	1	3	17	—	3	1	2	1	5	1	—	
14	23	6	44	—	—	—	—	—	6	6	10	
—	—	—	1	—	—	—	—	—	—	—	—	
—	—	—	1	3	1	—	—	—	—	—	—	
—	—	—	7	1	1	—	—	—	—	—	—	
—	—	—	7	—	2	—	—	—	1	—	—	
—	—	—	4	—	—	1	—	—	—	—	—	
5	4	3	16	—	—	1	1	—	4	1	2	
09	96	51	265	—	—	—	—	6	54	71	92	2
57	118	51	451	—	—	—	—	8	38	21	16	
1	2	—	3	—	—	—	—	37	134	72	68	3
—	—	—	0	—	—	—	—	11	54	33	15	1
231	277	256	818	1	4	6	6	50	267	187	222	7
16	10	10	47	—	4	3	3	7	7	7	5	
11	9	9	31	—	—	1	—	4	22	28	34	
166	287	417	891	—	—	—	3	20	206	344	642	1,2
490	497	398	1,420	—	—	—	—	2	133	274	346	7
20	48	81	150	—	—	—	—	—	25	62	99	1
153	281	699	1,173	—	—	—	3	30	145	280	1,123	1,6
72	94	178	351	—	—	—	1	3	53	97	222	3
5	4	5	18	1	—	—	1	1	—	4	12	
87	74	186	408	35	6	3	—	6	45	54	186	3
180	194	200	585	3	1	3	—	6	30	66	204	3
42	25	21	95	1	—	1	1	4	8	2	24	
46	56	30	140	—	—	—	—	3	14	17	24	
3	4	7	26	8	—	—	1	6	5	8	7	
37	15	20	93	1	1	—	5	12	21	17	22	
13	61	99	173	—	—	—	—	—	—	—	—	
—	—	—	0	—	—	—	2	15	1	—	—	
10	4	—	95	53	6	2	5	3	4	2	1	
132	106	171	668	126	4	9	7	55	157	130	285	7
20	10	10	96	—	1	3	3	2	6	6	6	
28	15	22	142	9	8	1	1	6	16	14	58	
33	18	10	94	—	—	—	—	13	18	4	5	
2	—	—	6	—	1	1	—	1	—	—	—	
272	2,365	2,947	8,498	243	43	38	50	353	1,507	1,817	3,732	7,7

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